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ABSTRACT

This annotated bibliography is one of several volumes which describe the characteristics, quality, and costs of services to severely mentally retarded, severely emotionally disturbed, deaf-blind, and severely multiply handicapped clients age 21 or under. All the abstracts are listed in alphabetical order in the major section of the bibliography. These references are then listed under the four handicapping conditions: mentally retarded, emotionally disturbed, deaf-blind, and multiply handicapped. (RC)

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ASSESSMENT OF SELECTED RESOURCES FOR SEVERELY HANDICAPPED CHILDREN AND YOUTH

Volume 2: A Selected, Annotated Bibliography

Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts

AAI Report No. 74-07

May, 1974

The research reported herein was performed pursuant to a contract with the Office of Education, United States Department of Health, Education and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not therefore necessarily represent official Office of Education position or policy.

PREFACE

Project Overview

In July, 1973 Abt Associates was awarded a contract by the Office of Planning, Budgeting and Evaluation (OPBE) of the United States Office of Education to conduct a nationwide "Assessment of Selected Resources for Severely Handicapped Children and Youth" (Contract No. OEC-0-73-7030). The present volume is one of a five-volume series produced over the course of the project to describe the characteristics, quality and costs of services to severely mentally retarded, severely emotionally disturbed, deaf-blind and severely multiply handicapped clients age 21 and under, in 100 providers across the nation.

For the purposes of this study, "severely" handicapped children and youth were functionally defined as those persons age 21 and under who are either mentally retarded, emotionally disturbed, deaf-blind or multiply handicapped and who exhibit two or more of the following behaviors with a high degree of regularity:

- Self-mutilation behaviors such as head banging, body scratching, hair pulling, etc. which may result in danger to oneself;
- Ritualistic behaviors such as rocking, pacing, autistic-like behaviors, etc. which do not involve danger to oneself;
- Hyperactive-aggressive behaviors which are dangerous to others;
- Self-stimulation behaviors such as masturbation, stroking, patting, etc. for a total of more than one hour of a waking day;
- Failure to attend to even the most pronounced social stimuli, including failure to respond to invitations from peers or adults, or loss of contact with reality;
- Lack of self-care skills such as toilet training, self-feeding, self-dressing and grooming, etc.;
- Lack of verbal communication skills;
- Lack of physical mobility including confinement to bed, inability to find one's way around the institution or facility, etc.

The project was conducted in three phases: I) review of the literature and development of a state-of-the-art paper and annotated bibliography; II) conduct of a survey of potential providers of services to severely handicapped clients age 21 and under and the development of data collection instruments for use in the third phase; III) site visits to 100 providers, data analysis and report writing.

Phase I consisted of an extensive review of the literature for the purpose of developing an annotated bibliography and state-of-the-art paper on research and services for severely handicapped children and youth. Volumes 1 and 2 of the series were developed during this phase of the study.

Phase II included the development of data collection instruments for use during the third phase and a mail survey of potential providers of services to severely handicapped children and youth across the nation. The survey was conducted for the purpose of creating a pool of providers from which 100 facilities could be selected for site visits. From the 1,550 respondents to the mail survey, 100 providers were selected who serve severely handicapped clients age 21 and under. The selection of the 100 providers was accomplished by grouping the respondents to the survey into eight sampling categories according to whether they offered primarily day or residential services and according to the number of severely handicapped clients age 21 and under they served. In order to obtain a final sample of providers which served a range of handicapping conditions, providers were also selected based upon whether they served a majority of clients who are either severely mentally retarded, severely emotionally disturbed, deaf-blind, or severely multiply handicapped. In addition, some providers were selected who served a mixed severely handicapped population.

Phase III of the study consisted of data collection, analysis and report writing. Each of the 100 providers in the final sample were visited by two Abt Associates field staff for approximately two days during May or June, 1974. During these visits the Abt field staff conducted interviews with the program or institution director; selected ward, unit or classroom staff who were most knowledgeable about the services being offered to

severely handicapped clients; and the budget director or other personnel most knowledgeable about the provider's budget and costs of services. In addition, one member of the field team spent one of the two days observing severely handicapped clients throughout the facility. These data were analyzed by Abt Associates project staff and descriptive case studies were written to provide a composite picture of the characteristics, quality, and costs of provider services to severely handicapped clients.

The output of the study consists of a five-volume final report as follows:

Volume 1: A State-of-the-Art Paper
Volume 2: A Selected, Annotated Bibliography
Volume 3: Data Analysis and Results
Volume 4: Case Studies of Provider Services
Volume 5: Conclusions and Recommendations

ACKNOWLEDGMENTS

The extensive review of the literature which resulted in the present volume was completed under the supervision of Dr. Carolyn Stern, who was the Project Director for Phase I of the study. To Dr. Stern goes the credit for the format and overall content of this volume.

Under Dr. Stern's direction, a number of Abt Associates staff members spent many long hours poring over microfiche and hard copy at various libraries in the greater Boston area, for which they deserve recognition. To Elizabeth Boyle, Ruth Freedman, Laura Studen and Donna Warner go special thanks for the research and much of the writing which went into the preparation of this volume. Deborah MacKiernan, contract secretary during this phase, was responsible for coordinating the production of the Bibliography, a task which required much patience and foresight.

Special thanks go to Elizabeth Rasmussen of the Office of Planning, Budgeting and Evaluation, Paul Thompson of the Bureau of Education for the Handicapped and Nelson Ford of the Office of the Assistant Secretary for Planning and Evaluation, for their review of this report.

Patricia Cook, Project Director
Elinor Sorensen, Deputy Project Director

May, 1974

INTRODUCTION

The Abt Associates project staff would like to acknowledge the tremendous debt we owe to the ERIC Clearinghouse for Exceptional Children and the Council for Exceptional Children which is responsible for the Exceptional Child Abstracts and Bibliography Series. We have leaned heavily on these resources. Our procedure has been to cull each of the volumes, checking off items which seemed to be concerned with the population of interest to the study. The next step was to consult the journals, hard copy, or microfiche referenced in the Abstracts.

For access to these reference materials we are extremely grateful to the Guttman Library of the Harvard University Graduate School of Education, the Countway Library of the Harvard Medical School, the Mugar Library of Boston University, and the library of the Perkins School for the Blind. In addition, over 400 letters were sent out to various public and private agencies, publishers, and researchers, to collect articles, pamphlets, compendia of state legislation, incidence figures, directories of providers, and other relevant materials.

Although the literature we scanned covered every type of handicap, we have included here only those materials which relate to severely mentally retarded, severely emotionally disturbed, deaf-blind and other severely multiply handicapped children and youth. Due to the fact that no objective criteria for defining severity across handicaps is in widespread use at the present time, it is possible that there may be a few items included in this Bibliography which do not legitimately fall into these categories. We have been selective in including primarily those materials which were published during or after 1965. Exceptions have been made in the cases of certain classic works, but in general we have preferred to have these referenced indirectly; that is, through various bibliographies and reviews of research in the relevant areas. Mussen's Third Edition (1970) of Carmichael's Manual of Child Psychology, Trapp and Himelstein (1972) Readings on the Exceptional Child, and Travers (1973) Review of Research on Teaching, to cite but a few examples, provide this type of reference material.

All the abstracts are listed in alphabetical order in the major section of the Bibliography. These references are then listed under the four handicapping conditions: Mentally Retarded, Emotionally Disturbed, Deaf-Blind, and Multiply Handicapped. Some materials, particularly texts, may fall within more than one of these categories. Where the consensus of the reviewers was that an item had multiple foci it was listed wherever appropriate. While this creates some redundancy, we feel that the convenience it offers to the reader is sufficient justification for the procedure.

It would be near to impossible to compile a completely comprehensive bibliography, even given more time and resources than we have had available. However, we hope that this selected and annotated bibliography will stimulate educators, researchers, policy makers, and parents concerned with the most neglected and disadvantaged segment of our population to expand their horizons beyond the limitations of these abstracts.

Abeson, A. (Ed.) A continuing summary of pending and completed litigation regarding the education of handicapped children. No. 6. Arlington, Va.: Council for Exceptional Children, State-Federal Clearinghouse for Exceptional Children, 1973. 51p.

EC N. A.
ED N. A.

The U. S. court cases summarized here deal with the right of handicapped children to equal protection under the law. These children are entitled to full rights of notice and due process in relation to their selection, placement, and retention in educational programs. Case summaries are organized according to whether they concern the right to education, right to treatment, or placement. The focus of the document is directed to education and reports information gathered from a variety of sources, including attorneys, organizations, and plaintiffs involved in the cases. This summary is periodically updated, but each edition of the summary contains all information presented in earlier editions. For each case reported, codes indicate whether a decision has been rendered, whether there has been a change of status since the last edition, or whether it is a new case appearing for the first time.

Adams, M. E. Foster care for mentally retarded children: How does child welfare meet this challenge? Child Welfare, 1970, 49(5), 260-269.

EC 005 876
ED N. A.

The results of a study in seven cities of all applications for foster (residential) care during a three-month period are used as the basis for this discussion of child welfare and foster care for the retarded. The article also includes a brief history of residential care in institutions and considers various types of foster care, administrative problems, and similarities and differences in caring for retarded and normal children.

Allen, R. C. Legal rights of the institutionalized retardate: Equal justice for the unequal. Mental Retardation, 7(6), 2-5.

EC 500 816
ED N. A.

A three-year study of mental retardation, begun in 1965, was conducted by the Institute of Law, Psychiatry, and Criminology at Georgetown University under a grant from the National Institute of Mental Health. Statutes and administrative regulations concerned with the institutionalization of retardates in all 50 states were examined. Another component of the study was a survey of 122 physicians, most of whom were found to favor home care, particularly of the very young, whenever possible. A great deal of variance was found in institutionalization criteria, which generally centered on the person's inability to manage himself or his affairs. A third significant aspect of the study resulted in the finding that diagnostic facilities in nearly every state were inadequate. Recent rulings establishing the

right of mentally retarded persons to "equal justice under the law," lead to important implications for treatment and care.

Allen, R. M., & Allen, S. P. WPS professional handbook series. No. 3. Intellectual evaluation of the mentally retarded child--a handbook. Beverly Hills, Calif.: Western Psychological Services, 1967. 69p. EC 002 320 ED 019 798

This compendium of instruments commonly used for the intellectual evaluation of children suspected of mental retardation is intended for practicing psychologists. Information is given concerning definitions, identification, and characteristics of mental retardation, test selection and the test situation. Among the tests described are standardized intelligence tests such as the S-B, the WAIS, and the WISC, developmental scales for preschoolers, and a variety of picture vocabulary, formboards, figure drawing, and non-verbal paper and pencil tests of intelligence. Other specialized tests (e.g., Frostig, ITPA, etc.) and third person assessment measures are also included. The psychologist's report is considered and its importance stressed. Examples, record forms, and profiles from several tests are included as well as a bibliography of 115 references.

Alpern, G. D. Measurement of untestable autistic children. Journal of Abnormal Psychology, 1967, 72(6), 478-486. EC 002 037 ED N. A.

An experiment was carried out with 14 autistic children to test the reliability and validity of an adaptation of the Cattell Infant Scale for this population. Scores were correlated with independent clinical judgments and with social ages on the Vineland Scale. Item analyses and test-retest correlations showed high reliability, and correlations between the validating criteria and test scores were also significant. The major difference found between autistic and other severely cognitively handicapped children is that the latter group have fewer motor disabilities. It was concluded that the modified Cattell scale can be used with these children.

Ambinder, W., & Falik, L. H. Keeping emotionally disturbed foster children in school. Children, 1966, 13(6), 227-231. EC 001 981 ED N. A.

The relationships of the school, the teachers, and the foster parents are reported as they contribute to the main objective of this project, which is to keep emotionally disturbed foster children in school. Case histories of 14 boys who had failed to adjust in several foster homes and had difficulties in school point up the need for this program. The services and

methods are illustrated by the case study of a seven-year-old boy in the school.

Anderson, P. H. Statistics on blindness in the model reporting area, 1968. Bethesda, Md.: National Eye Institute, 1971. 66p. EC 040 444 ED M. A.

Statistics on blindness in 16 states are presented for 1968, with tables comparing these data with data from 1967. Incidence and demographic data are displayed as are statistics regarding blind persons with mulitple handicaps.

Anderson, R. M., & Stevens, G. D. Deafness and mental retardation in children: The problem. American Annals of the Deaf, 1969, 114, 15-22. EC ED M. A.

A review of recent literature on children who are both deaf and mentally retarded includes studies which report an increased incidence of deafness and hearing impairment among mentally retarded children. A number of critical issues are examined, including: inconsistencies in reported incidence and prevalence data; confusion and lack of agreement regarding terminology and nomenclature; problems and difficulties in assigning priority to one of the two concurrent disabilities; and appropriate facilities for the deaf-mentally retarded. Researchers and practitioners have failed to reach consensus on whether the deaf-mentally retarded should be treated in institutions primarily for the deaf, the mentally retarded, or the multiply handicapped. The inadequacy of educational methods and instructional materials for the deaf mentally retarded are discussed, as well as the need for research on the many problems which attend the education of this group.

Anderson, R. M. & Stevens, G. D. Practices and problems in educating deaf retarded children in residential schools. Exceptional Children, 1969, 35(9), 687-694. EC 003 855 ED M. A.

Considered in this study are the prevalence of mentally retarded deaf children, the utility of intelligence tests with this group, number and kinds of additional disabilities, and projected grade level achievement. Based on information in the cumulative record folders of 1,632 pupils in six schools for the deaf, it was found that a total of 304 subjects had IQ scores below 83 and 132 were classified as mentally retarded. Handicaps in addition to deafness and mental retardation were reported for 73 children. A mean grade level expectancy of 4.3 was predicted for 117 of the 304 children. Of the teachers sampled, 60% felt that hearing loss constituted the most educationally significant handicap; 15% cited mental retardation; while emotional disturbance was the next most frequently mentioned. General

findings and considerations include the following: an estimated 40% of the multiply handicapped deaf in the U. S. are mentally retarded; incidence of hearing impairment in the retarded, considerably higher than in the non-retarded population, ranges from an estimated 13% to 49%.

Anderson, R. M., & Stevens, G. D. Policies and procedures for admission of mentally retarded deaf children to residential schools for the deaf. American Annals of the Deaf, 1970, 115(1), 30-36. EC 500 943 ED N. A.

A survey of 64 completed questionnaires from residential schools for the deaf showed a wide variation in policy related to the admission of mentally retarded deaf children. Local administrators usually set policy, do not use intelligence test results as criteria, and frequently fail to use tests designed specifically for deaf persons. Other findings discussed in the article are that most administrators prefer not to admit those with multiple disability, more residential schools are needed for pupils of low intelligence, and a classification of mental retardation which is acceptable to residential school administrators must be designed.

Andrew, G., & Feuerfile, D. Programming habilitation of the hospitalized deaf-retarded. Lansing, Michigan: Michigan State Department of Mental Health, 1965. 50p. EC 011 096

Eight deaf-retarded patients served as controls while 24 with similar handicaps received 18 to 24 months of special training in communication skills, shop experience, physical education, and homemaking. In addition, 12 of the 24 also received psychotherapy. During the final year of the program, formal vocational training in a sheltered workshop and community vocational placement were initiated. Compared to the controls, the experimental group showed significantly greater improvement ($p<.02$) in communication, intellectual functioning, and social/personal adjustment, but not in academic achievement. The psychotherapy program had no positive effect; in fact, the subjects without psychotherapy improved more in intellectual functioning and performance than those who received it. Some of the patients were able to be discharged or to be placed in the community on a day basis and others were able to participate in the institutional work program.

Anthony, E. J. The behavior disorders of childhood. In P. H. Mussen (Ed.) Carmichael's manual of child psychology. Vol. II. New York: John Wiley & Sons, 1970. Pp. 667-764.

EC N. A.
ED N. A.

This comprehensive review of the literature on behavior disorders in children traces the development of definitions, discusses the issues surrounding approaches to classifying behavior disorders, and summarizes studies of incidence and prevalence and theories regarding the etiology of behavior disorders. The application of learning theory as an explanation of behavior disorders is also discussed at some length, and various approaches, grouped under clinical or experimental, are reviewed. The final sections of the review focus on treatment, follow-up, and prevention of behavior disorders. A bibliography is included in the paper.

Armstrong, J. R. A model for materials development and evaluation. Exceptional Children, 1971, 38(4), 327-334.

EC 040 756
ED N. A.

A 12-step model was used in the development, research, and evaluation of special education instructional materials. The final package was given an experimental field test to determine the effectiveness of the instructional material in fulfilling its objective with an appropriate pupil sample. Description of the intended pupil sample, directions for use, project behavioral objectives, evaluation information, and evaluative instruments are presented.

Ashcroft, S. C. Delineating the possible for the multi-handicapped child with visual impairment. International Journal for the Education of the Blind, 1966, 16(2), 52-55.

EC 003 978
ED N. A.

The philosophic orientation and procedures of an experimental half-day program for multi-handicapped children are presented, along with case histories of three children (aged 5-6) who participated in the program. Suggestions for program development are also provided.

Ashcroft, S. C., & Harley, R. K. The visually handicapped. Chapter IV: Education of exceptional children. Review of Educational Research, 1966, 36(1), 75-92.

EC 001 659
ED N. A.

Reviewed are major areas of work on the visually handicapped conducted between 1963 and 1965. The following are treated: identification and definition, medical aspects, and technological research. Studies on education and psychological aspects are included. Of particular interest are reviews of articles on the

multiply handicapped. A summary, conclusions, and a 103-item reference list are provided.

Atkins, T. E., et al. Emergency care of disturbed children. Children, 1962, 9(6), 217-221. EC 001 726 ED N. A.

The Eastern Diagnostic and Evaluation Center provides outpatient services for seriously emotionally disturbed children who are without inpatient beds. The Center serves as a screening and referral agency in emergency cases where "sudden alteration of the support from community services as judged by the family rather than radical changes in the child's behavior" necessitate immediate treatment. Outpatient psychiatric services include evaluation by team members of the adaptive behavior of the child and his caretaker, and their interaction and support systems. During a 13-month period, 42 children were provided with emergency services at the Center. In 31% of the cases, hospitalization was judged the only solution despite emergency treatment.

Attwell, A. A., & Clabby, D. A. The retarded child: Answers to questions parents ask. Los Angeles: Western Psychological Services, 1971. 134p. EC 040 588 ED N. A.

Intended as a resource manual, this book provides answers to questions most frequently asked by parents of mentally retarded children. Questions are organized according to the following topics: definition of mental retardation, causes, diagnosis and referral, MA and IQ, family problems and adjustments, home training of the child, speech, school, parent organizations, institutionalization, vocational planning, legal provisions, and sex education.

Auerbach, A. G. The autistic child. Toronto: National Institute on Mental Retardation. 9p. EC N. A. ED N. A.

This paper provides a definition of autism, describes the behavioral symptoms associated with the disease, and outlines a treatment program conducted within a nursery school for both normal and handicapped children. The program of treatment provided by the school is geared toward eventual integration of the autistic children in regular classes. Steps leading toward this goal are said to take as long as two years and begin with the establishment of a one-to-one relationship between the autistic child and a teacher-therapist. Counseling and other services are provided to the parents by caseworkers, and diagnostic and follow-up services are also available and are described in the article. The treatment program is said to be based on the belief that autism is a biological condition for which there is no known cure. Thus, both children and parents

are taught to understand and accept the limitations of this handicap, and to work within its constraints in establishing relationships and interactions in a realistic and socially acceptable way.

Autism: Exceptional Child Bibliography Series. Arlington, Va.: Council for Exceptional Children, 1971. 11p. EC 032 362 ED 050 523

Containing 47 items selected from Exceptional Child Abstracts, the bibliography cites research reports, journal articles, conference papers, texts and program guides in the area of autism. One in a series of over 50 similar selected listings concerning exceptional child education, the bibliography includes availability information, bibliographic data, indexing and retrieval descriptors, and abstracts of each document. Subject and author indexes are also included.

Axelrod, S. Token reinforcement programs in special classes. Exceptional Children, 1971, 37(5), 371-379. EC 031 354 ED N. A.

Reviewed are studies conducted between 1964 and 1970 involving token reinforcement programs in special education. The studies were unanimous in revealing the ability of token reinforcement to produce favorable changes in different types of behavior and with various populations including the severely retarded, the multiply-handicapped, underachievers, dropouts, the reading disabled, the emotionally disturbed, and the socially maladjusted. The general goal of token systems, as stated by the author, is to transfer control of responding from token systems to other conditioned reinforcers (preferably available in the classroom) such as teacher praise and grades. Further study is recommended concerning ways to withdraw tokens without interruption of progress.

Azrin, N. H., & Foxx, R. M. A rapid method of toilet training the institutionalized retarded. Journal of Applied Behavior Analysis, 1971, 4(2), 89-99. EC 033 125 ED N. A.

Described is an experimental program using operant conditioning to rapidly toilet train nine institutionalized profoundly mentally retarded male adults. Intensive training for a median of four days included artificially increased urination incidence, positive reinforcement for correct toileting, but a delay for incorrect toileting, use of an electromechanical aid for signaling elimination, shaping of independent toileting, cleanliness training, and [illegible]off reinforcement procedures. Incontinence was reduced immediately by about 90% and soon decreased to near zero.

Azrin, N. H. Behavioral engineering: Two apparatuses for toilet training retarded children. Journal of Applied Behavior Analysis, 1971, 4(3) 249-253.

EC 040 633
ED N. A.

The article describes a training procedure for eliminating daytime incontinence in four profoundly retarded children. The procedure was based on the use of two apparatuses: a portable pants alarm which provided the trainer with an immediate signal when a child wet his pants, and a toilet-chair device which similarly provided a signal when proper toileting occurred. The devices allowed the trainer to react immediately, reprimanding the child in the first case, and giving positive reinforcement in the second. The results with the four subjects are said to have proven the reliability of the devices in practice and the effectiveness of a toilet training program based on their use.

Baker, B., & Ward, M. Reinforcement therapy for behavior problems in severely retarded children. American Journal of Orthopsychiatry, 1971, 41(1), 124-135. EC 031 709 ED M. A.

Six profoundly retarded children (IQ below 25) received intensive behavior therapy in a project emphasizing a total milieu approach and involving treatment of problem behavior, training in self-help skills and teaching pre-nursery behavior. The children lived in a small, home-like unit and were attended by individuals who received training as therapists and in behavioral measurement of the target group and a matched control group of ward residents. Criterion measures included intelligence and developmental tests (Peabody Picture Vocabulary Test and the Denver Developmental Screening Inventory); behavioral observations (five-minute observation periods of motor activity, speech, social interation, aggression, oral behavior, steriotyped activities, response to instructor, affect and play); and staff records (Behavior Problem Records which tabulated the frequency of occurence of several target behaviors for each child). Treatment was found to be generally effective, although less success was obtained for those children who also presented psychotic behavior.

Ball, T. S. (Ed.) A guide for the instruction and training of the profoundly retarded and severely multi-handicapped child. Santa Cruz, Calif.: Santa Cruz County Board of Education, 1971. 153p. EC 041 012 ED 058 687

Prepared specifically for teachers of profoundly retarded and severely multiply handicapped children, the guide contains suggestions for methodologies and media as well as sample curricula in the following areas: ambulation, stimulation, communication, self-help skills, imitation, and behavior problems. A series of instructional plans provides examples of activities and programs in each of the above areas. Each plan includes a description of objectives, prerequisites, instructional methods, learning activities, and comments relating to its perceived strengths and weaknesses. A discussion of theoretical considerations involved in curriculum planning concludes the guide.

Ball, T. S. (Ed.) The establishment and administration of operant conditioning programs in a state hospital for the retarded. Sacramento, Calif.: California State Department of Mental Hygiene, Bureau of Research, 1969. 146p. EC 032 160

Operant conditioning programs for the mentally retarded at California's Pacific State Hospital are described with an enphasis on administrative rather than the demonstration-research aspects of the program. The following dimensions of the token

economy program are examined: demands on the staff, selection of patients, operation of the token economy program, the school program, and the implementaion of new programs in ward care of the retarded. Also discussed are the institutional staff training program and operant conditioning programs at two other locations. Additional information is provided on administrative policies and daily procedures at Pacific State Hospital.

Balthazar, E. E. Residential programs in adaptive behavior for the emotionally disturbed more severely retarded. Mental Retardation, 1972, 10(3), 10-13. EC 041 984 ED N. A.

The literature regarding treatment programs for changing adaptive behavior of mental retardates reveals a discrepancy between the methods available and those used by institutions. This discrepancy seems to be related to the absence of an effective service model. The article describes paradigms for developing and evaluating selected aspects of residential programs and for storing and processing relevant information.

Balthazar, E. E., & English, G. E. A factorial study of unstructured ward behaviors. American Journal of Mental Deficiency, 1969, 74(3), 353-360. EC 004 983 ED N. A.

A factor analysis of coping behaviors in a residential population of 288 severely and profoundly retarded produced 18 factors, each representing a behavioral domain within which individual members of the population responded in a consistent manner. The factors were established from 71 subscale items taken from the Central Wisconsin Colony Scales of Adaptive Behavior. Separate tables delineating the intercorrelations of the subscale items and a listing of the factors are provided.

Balthazar, E. E., & English, G. E. A system for the social classification of the more severely mentally retarded. American Journal of Mental Deficiency, 1969, 74(3), 361-368. EC 500 873 ED N. A.

A factorial study of unstructured ward behaviors was conducted with 288 institutionalized, ambulant, severely and profoundly retarded individuals. Social behaviors were observed, rated, and scored using the Central Wisconsin Colony Scales of Adaptive Behavior. Oberservations and ratings took place in residential wards and play areas over an 11-month period and were based on 18 behavioral factors. The subjects fell into two groups and 12 subgroups, each exemplifying a pattern of

behavioral response. These groups and subgroups were rank-ordered according to the AAMD behavioral classification, and used in conjunction with the AAMD system to provide a means of classifying the social behaviors of the more severely mentally retarded.

Balthazar, E. E., et al. Behavioral Changes in eating skills in severely and profoundly mentally retarded orcurs. Madison, Wisc.: Central Wisconsin Colony and Training School, 1970. 25p. EC 031 859 ED N. A.

A program designed to improve the eating skills of institutionalized profoundly and severely mentally retarded subjects, with secondary emphasis on dressing and toileting skills was carried out with 78 such individuals, ages 6 to 26 years, of whom 63 were placed in experimental treatment wards and 15 served as non-matched controls. Nursing care personnel, after receiving specialized training, applied behavioral modification techniques in a generally supportive milieu. Based on the positive findings, it was concluded that built-in evaluations were feasible. An important contribution was the development of a model for judging the effectiveness of institutional programs.

Barrett, B. H. Behavioral differences among an institution's back ward residents. Mental Retardation, 1971, 9(1), 4-9. EC 032 248 ED N. A.

Institutionalized trainable and custodial mentally retarded children were studied under controlled conditions for several months to determine each child's basic behavioral skills and deficiencies so that suitable training programs could be developed. The children were drawn from two presumably similar custodial buildings of a large public institution. It was found that differences in characteristics and practices of building employees were associated with different behavioral patterns of otherwise matched groups. Children who proved to be more disruptive and slower to respond to treatment were housed in a building with younger staff including some male employees, with and average of 13.5 years of experience in the institution. In addition, most of the children in this building were still in cribs and were treated as infants regardless of their age. These children were notably over-protected with no attempts made by the staff to teach them any self-care skills. Children in this building with the slowest development were staff "pets" for whom staff did as much as possible, thereby limiting the children's opportunities to become self sufficient.

The children who were less disruptive and responded more favorably to treatment were housed in a building with older staff who were all female, with an average of 4.5 years experience in the institution. The staff:child ratio in this building was lower than in the comparison building and there was a more

chaotic atmosphere. In addition, the matrons in this ward applied behavior modification techniques to teach children to be more self-sufficient. The higher staff turnover in this ward was felt to be advantageous to the children's development as they had more exposure and opportunity for behavior change. The findings of this study are thought to raise important questions of behavioral requirements, staff-to-child ratio, in-service training and habilitative procedures for caretakers, researchers, and administrators seeking to improve residential services for the retarded.

Barsch, R. H. The parent of the handicapped child: the study of child-rearing practices, American Lecture Series. Milwaukee, Misc.: Easter Seal Development Center, 1968. 445p.

EC 011 660
ED N. A.

Demographic data, parent perceptions and attitudes, and various practices such as toilet training, demands and allowances, patterns of communication, etc., are described as they relate to a three-year study of parents of mongoloid, blind, deaf, and brain-injured children. A scale used in the study for ranking handicaps and information on identification are provided. The volume includes a summary, critique, and a series of proposals. Scales and questions are appended.

Basilier, T. Motivating and training the institutionalized deaf person. American Annals of the Deaf, 1969, 114(2), 60-63.

EC 500 119
ED N. A.

Effects of institutionalization on the personality development of deaf and multiply handicapped deaf persons are discussed, and principles and techniques are presented for improving the non-successful deaf person's capacities to meet the demands of daily living. Basic needs must first be met including the provision of adequate medical care and psychiatric evaluation and therapy. Recommendations for motivation and development of independent living capabilities include adequate communication with othe people, a social and academic training program, arousal of esthetic needs, and boarding house accomodations similar to those found in the general community. Therapy meetings with clients and professionals and weekly small psychotherapeutic social groups can be implemented to discuss and remediate personal problems and problems of daily life.

Bates, K. K., & Armenti, S. Use of multisensory reinforcement in toilet training retardates. Costa Mesa, Calif.: Fairview State Hospital, 1970. 3p.

EC 030 020
ED 043 146

A group of 11 profoundly, severely, and moderately retarded males were given a toilet training program based on behavior

modification techniques in which music, candy, cold drink, and television were used a reinforcers. Their performance on a Toilet Rating Scale was compared with that of 11 matched controls similarly trained but with only verbal rewards. Those receiving the tangible rewards demonstrated a greater increase in the number of successful toiletings than the control group. Candy and music were selected as reinforcers 82.8% of the time.

Baumeister, A. A., & Butterfield, E. (Eds.) Residential facilities for the mentally retarded. Chicago: Aldine Publishing Co., 1970. 405p.

EC 031 238
ED 046 354

Designed for professionals and students in the field of mental retardation, this handbook views the culture which it serves, avoiding emotional responses but suggesting formulas for change. The history, organization, programs, goals, and prospects of temporary institutions for the mentally retarded are examined and analyzed. It also includes papers on the planning of residential facilities, statistical methods, and evaluation. Other articles treat dimensions of institutional life (social organization, possessions, time, space), and the partnership of programming and research. Specialized programs and services discussed include behavior modification, educational programs, psychological services, adjunctive therapy, speech and hearing services, medical services, and functions of social workers in residential facilities for the mentally retarded.

Baumeister, A., & Klosowski, R. An attempt to group toilet train severely retarded patients. Mental Retardation, 1965, 3(6), 24-26.

EC 000 879
ED N. A.

An experiment on group toilet training was carried out with 11 profoundly retarded males having an average IQ of 13, aged 10 to 25. Attendants received instruction in reinforcement principles, learned to chart and record eliminative behaviors of the subjects, and to provide appropriate reinforcements. Training was conducted for 70 days, with improved behavior demonstrated by the fifth day, and increasing slowly through the 49th day. When the retardates were allowed to leave the dormitory and go to a playground for brief periods, the environmental change resulted in regression to pre-training levels of performance. However, most patients displayed some progress and appropriate associations. Although the authors judged the study to be incomplete, they observed that careful selection is required especially when training ward personnel whose function has been primarily custodial; attendant:patient ratio should be approximately 1:6 rather than 1:11 as was the case in this study; and consideration should be given to administering negative reinforcements in group toilet training.

Begab, M. J., & LaVeck, G. D. Mental Retardation: Development of an international classification scheme. American Journal of Psychiatry, 1970, 128(11), 1-2.

EC 042 258
ED N. A.

This is the introductory article in a journal supplement reporting the 1969 seminar series cosponsored by the World Health Organization and the National Institute of Child Health and Human Development. The major focus of the symposium was the development of an international scheme for the diagnosis, classification, and reporting of statistics in psychiatric disorders, including mental retardation. For an abstract on one report see Suhareva (1972), pages 665-667.

Behavior modification: Exceptional child bibliography series. Arlington, Va.: Council for Exceptional Children, 1972. 23p.

EC 042 825
ED 065 957

Containing 81 references selected from Exceptional Child Abstracts, the bibliography includes research reports, journal articles, texts, program guides, and conference papers concerning behavior modification. One in a series of over 50 similar selected listings in the area of exceptional education, the bibliography includes bibliographical data, availability information, indexing, and retrieval descriptors , and abstracts for each entry. Author and subject indexes are also provided.

Behrmann, E. H., & Moll, M. A. D. (Eds.) Directory of Catholic special facilities and programs in the United States for handicapped children and adults. Washington, D. C.: National Catholic Educational Association, 1965. 206p.

EC 003 841
ED 028 566

Special Catholic facilities and programs with an educational or training concept are listed, by state, for the following exceptionalities: aurally handicapped, emotionally and/or socially maladjusted, mentally retarded, orthopedically handicapped, visually impaired, and multiply handicapped. The directory also includes child guidance clinics or centers and hospitals offering specialized services, as well as state training schools, hospitals, and institutions which serve the aurally, emotionally, mentally, orthopedically, and visually handicapped. Each entry includes descriptive information. An appendix cites other agencies, publications and services.

Bennet, F. Ward language development program for institutionalized retardates. Training

EC 004 209
ED N. A.

School Bulletin, 1966, 66(1), 23-31.

A program was develcped to examine the possibility of raising the language skill levels of 100 mentally retarded institutionalized children by rewarding any attempts on the part of ward personnel tc stimulate these skills. Within three months, using the Parsons Language Sample and the Verbal Language Development Scale as criterion measures, significant gains were shown in the language skills of the subjects. Consistent positive reinfcrcement of attendants for their program and their handling cf retarded patients appeared to stimulate language skills.

Berkowitz, S., et al. Teaching self-feeding skills to profcund retardates using reinforcement and fading procedures. Behavior Therapy, 1971, 2(1), 62-67. EC 031 684 ED N. A.

A seven-step prcgram was developed to apply behavior modification techniques to the teaching of a self-feeding skill to 14 institutionalized retarded boys, ages 9 to 17 who had never spoon-fed themselves. All 14 boys learned the skill in periods ranging from 2 to 60 days; 10 of the 14 boys continued to self-feed 41 months later.

Bialac, V. (Comp.) The severely and profoundly retarded: A bibliography. Olympia, Wash.: Washington State Library, 1970. 29p. EC 031 468 ED 046 203

References to literature on the profoundly and severely mentally retarded are listed under one of the 15 following categories: broad aspects, community programs, conditioning, education, institutiocanl services and residential hall programs, language and speech and hearing, mental processes and psychodiagnostics, parents and family, physical development, planning and legislation, professional services, recreation, self-help and practical skills, social and emotional development, and vocational habilitation and rehabilitation. Literature dealing with medical aspects of retardation is specifically excluded.

Bibliography on emotionally disturbed. Lansing, Mich.: Michigan State Department of Education, Bureau of Educational Services, 1970. 54p. EC 030 821 ED N. A.

Literature dealing with the emotionally disturbed is organized under the follcwing rubrics: adolescents, behavior management, delinquents, disadvantaged, discipline, disturbed child and school, educating the emotionally disturbed, family, general, and identification and diagnosis. The bibliography also includes material concerned with mental health psychology, school

phobias, teacher and teaching aspects, and therapy.

Bilsky, L. Evaluation of a specialized nursery school program for emotionally disturbed children. Interim report. New York: Columbia University, Teachers College, 1970. 14p. EC 031 393 ED 046 197

A teacher rating and observational technique was used to evaluate nine boys and two girls in a preschool program for emotionally disturbed children. Teachers who had been in the program for one academic year rated these children as being improved in social development and overall functioning; these judgements were confirmed with the observation technique. The latter procedure was also found to be useful in describing behavior which typically occurs within this type of program. Behaviors which tend to increase or remain stable were differentiated, and teaching priority guidelines could be established. The study provided information on potentially useful methods for evaluating similar programs.

Blatt, B. Public policy and the education of children with special needs. Exceptional Children, 1972, 38(7), 537-545. EC 041 150 ED M. A.

Several programs for children with special needs are reviewed in terms of their historical perspectives, current involvements, and one particular orientation called the child development model. The author maintains that current programs are weak in both content and availability of services for all handicaps. The most severe service shortages exist for the emotionally disturbed and mentally retarded populations. Community-based programs for children with all types of handicaps must be improved so that children may receive required educational services while living at home.

Blatt, B., & Garfunkel, F. Summary of Massachusetts study of educational opportunities for handicapped and disadvantaged children. Boston: Massachusetts Advisory Council on Education, 1971. 96p. EC 041 744 ED 061 678

The study of handicapped and disadvantaged children in the Commonwealth of Massachusetts had three major foci: (1) the identification and description of those children known to have special needs but not served by an official public or voluntary agency; (2) descriptions of life in special settings for the handicapped; and (3) development of programs, recommendations and legislative proposals leading to a preliminary statewide master plan to close the gap between service delivery capabilities and the need for services. The efforts of the study group were divided into seven separate sub-studies, each of which is

described briefly following an introductory statement which presents a review of prior related activities in Massachusetts and the belief and assumptions under which the investigators operated. Part II of the report then presents recommended legislative reform, which includes an act relative to full reimbursement to individual cities and towns for special education programs which offer a full range of services. This is followed by a description of a child development approach to the treatment of handicapped children and a cost estimate for implementing such a program of services.

Blatt, B., & Garfunkel, F. Teaching the mentally retarded. In R. M. W. Travers (Ed.) Second handbook of research on teaching. Chicago: Rand McNally, 1973. Pp. 632-656.

EC N. A.
ED N. A.

In a comprehensive review of the research on teaching the mentally retarded, the authors review both formal experimental studies and other observational systems. Recent research literature is reviewed and a critical analysis of studies are provided in the areas of: variations in home and community settings; variations in educational atmosphere; and variations in children and teachers of the mentally retarded. In addition, the authors explicate their own hypotheses relative to the study of teaching and the theory which has grown out of both their own prior work and evaluation of other research in the field. The authors conclude that behavioral research on the mentally retarded is far too experimental in nature and that other, more holistic methods ought to be employed in order to better understand the components of the teaching-learning paradigm.

Blindness and services to the blind in the United States. Cambridge, Mass.: OSTI Press, 1971. 212p.

EC 041 868
ED 061 692

A study of the characteristics and problems of the blind in the United States was designed to include the set of persons with severe visual handicaps, the set of agencies, groups, and institutions providing services or financial support to them, the research and training affecting provision of services, and the laws, policies, and programs under which services are provided. The data gathered under this general model of a "blindness system" was reported in four sections: the blindness system in the U. S., formulation and application of a general model for the blindness system, research and technology relating to rehabilitation of the severely visually handicapped, and blindness legislation. Allocation of resources to various constituencies of the blind population, rehabilitation issues, new sources for manpower in the field, the role of technology in relation to visual impairment, psychosocial problems of the blind, and the opthamologist's role in rehabilitation are discussed in six appended papers.

Bloch, J. Nonverbal messages: A means to verbalization. Teaching Exceptional Children, 1971, 3(1), 10-17. EC 040 534 ED N. A.

A special classroom program designed to stimulate language and to foster language comprehension was developed for children diagnosed as emotionally disturbed, with severely impaired intellectual and social functioning. A case study of a nonverbal autistic boy is used to illustrate this approach. Children are placed in the classroom as soon as possible and are saturated with group and individual experiences specifically designed to engage each child at his own developmental level. Visual aids, songs, and toys are used as stimuli to encourage verbalization.

Blumberg, A. The training of parents of profoundly and severely mentally retarded children in handling behavior at home. Nitro, W. V.: West Virginia University, Kanawha Valley Graduate Center, 1971. 20p. EC 040 145 ED 055 381

Candidates for admission to state institutions frequently have to wait one to eight years. As a "hold-over" experiment, parents of 25 profoundly and severely mentally retarded children were taught operant conditioning techniques to be used in training their children at home. For one month following a three-day workshop, parents kept records of their progress in training the child in a specific self-help skill. Then each parent met with the project investigator to discuss the training and to film the parent demonstrating how the child was taught. Following evaluation of the filmed technique, parents returned home to work with their children for another month on the same or a different skill. No assistance was available between the monthly sessions. Thus a "voluntary" parent association was formed where the parents could provide and obtain mutual support. With the help of films made of parent demonstrations after the second month, parents could recognize the progress they had made as well as that of their children. A subsequent reduction in parental anxiety was noted.

Bluth, L., et al. Emotional disturbance: Preschool intervention and prevention. Urbana, Ill.: Illinois University, Department of Special Education, 1971. 17p. EC 040 252 ED 048 517

This bibliography on preschool intervention and prevention of emotional disturbance includes 74 books and articles and 17 films, all published between 1969 and 1970. Each listing includes content descriptors and a notation to indicate appropriateness for use by various professionals and parents.

Bolton, B. A profile of the multiply handicapped deaf young adult. Journal of Rehabilitation of the Deaf, 1972, 5(4), 7-11. EC 041 723 ED N. A.

Based on a sample from a rehabilitation center for multiply handicapped deaf persons, this detailed profile includes the following data categories: demographic, developmental, family, parental education, achievement, and vocational. According to the available data, the multiply handicapped deaf adolescent is characterized by emotional immaturity, severely limited communication skills, secondary disabilities, low academic achievement, and poor vocational preparation.

Bonham, S. J., Jr. Special Education Directory 1970-1971. Columbus, Ohio: Ohio State Department of Education, Division of Special Education, 1970. 327p. EC 031 480 ED N. A.

A listing of the directors and supervisors of special education in Ohio and an organizational chart of the state department of education, division of special education, are included in this special education directory for the state of Ohio (1970-1971), together with a breakdown of specific programs. Statistical summaries, enrollments, and teachers for such areas as the deaf, hard of hearing, crippled, visually handicapped, neurologically handicapped, emotionally disturbed, educable mentally handicapped, speech and hearing therapy, and child study services are offered.

Boston, J. A., & Hanna, R. Glossary of medical terms for personnel working with preschool handicapped children and parents. 1971. 30p. EC 040 150 ED 055 386

Included in the glossary are descriptors/definitions of the following severe handicapping conditions of interest to this study:
Infantile Autism: condition in children in their first several years characterized by avoidance of meaningful communications with others, repetitive behaviors, bizarre behavior and paradoxical development
Blindness: 20/200 vision or less.
Psychosis: illness characterized by major unawareness of reality.
Schizophrenia: psychosis occurring more often in young people and associated with delusions, hallucinations and other thought disturbances.

Bradtke, L. M., et al. Intensive play: A technique for building affective behaviors in profoundly mentally retarded young children. Education and Training of the Mentally Retarded, 1972, 7(1). EC 041 243 ED N. A.

Described is an experimental project conducted with a population of profoundly retarded children rejected by the community and the institution as unreachable and unteachable. A behavioral definition of profoundly mentally retarded children includes the following general characteristics: unawareness, fearfulness, and unresponsiveness. Intended to break through these barriers, intensive play focuses on building positive responses to normally pleasurable experiences through close body contact and physical stimulation. Success has been shown with some children in establishing contacts with the environment, with other children, and with the teachers. Included in the article is a sample list of intensive play activities for one child.

Brasley, V. L. (Ed.) A road to Main Street. Wheat Ridge, Colo.: Wheat Ridge State Home and Training School, 1970. 40p. EC 031 151 ED N. A.

A booklet designed for volunteers and lay persons was prepared by the staff of the State Home and Training School for the mentally retarded. Guidelines, methods, and materials for working with the residents are presented in the areas of daily living, self-help skills, safety precautions, managing behavior, recreation activities, and use of equipment. Areas in which volunteers can participate in promoting normal child growth and development are outlined. The final section is a description of the institution itself, its perceptions of the mentally retarded and their needs, and the advantages and limitations of institutions.

Bricker, D. D., et al. Institute on mental retardation and intellectual development papers and reports. Vol. V, No. 19. Operant audiometry manual for difficult-to-test children. Nashville, Tenn.: John F. Kennedy Center for Research on Education and Human Development, 1968. 33p. EC 003 643 ED 027 676

Developed to facilitate the use of operant audiometry with psychotic, severely retarded, or multiply handicapped low functioning children, the manual contains definitions of terms, instructions for determining reinforcers, physical facilities and equipment needs, diagrams, component lists, and technical descriptions. Instructions are given for the trainer who must consider possible reactions by the subjects, select reinforcers and reinforcement schedules, and provide fading out assistance. Also included are directions for the examiner who operates the equipment.

Brill, R. G., et al. Pilot program with seriously emotionally disturbed deaf children, final report. Riverside, Calif.: California School for the Deaf, 1969. 348p.

EC 022 807
ED 034 369

A program featuring a low staff-pupil ratio, application of behavior modification, engineered instruction in individualized self-instructional curricula, coordinated classroom and dormitory activities, manual communication, and parent education was provided for 21 emotionally disturbed deaf boys, all of whom had no success in regular school attendance and several of whom had been excluded from school. In order to enable the boys to return to regular classes for the deaf, the program attempted to modify behavior and to teach basic skills and subject content. Results showed significant gains in the boys' class conduct and self-control and in their reading and arithmetic. Follow-ups revealed that one boy returned to a psychiatric hospital and nine successfully returned to regular classes for the deaf. Although the parents were enthusiastic about the results, they did not alter their own perceptions.

Broms, D. S. Group processes and the pre-school retarded child. Group Process, 1971, 4(1), 39-51.

EC 040 438
ED N. A.

Infants and young children raised in hospitals and institutions usually demonstrate developmental lags when compared with similar children, whether normal or retarded, living in their own homes. This finding is related to the need for communication, warmth, concern, intelligent help, and interaction. These can be provided in a child care center through an appropriate emphasis on group dynamics. Progress in self-care skills and general independence is facilitated through fostering positive peer relationships.

Brown, R. A., et al. Treatment of extreme negativism and autistic behavior in a six-year-old boy. Exceptional Children, 1969, 36(2), 115-120.

EC 004 633
ED N. A.

After six months of reinforcement therapy the behavior of a six-year-old autistic child who had demonstrated 100% non-compliance was considerably modified. The occurrence of negativist behavior and tantrums decreased and relevant functional school behaviors increased. The parents were taught reinforcement techniques and they, too, reported improvement in the boy's behavior. The therapy was conducted at the Chicago Institute for Juvenile Research, which operates a day school and a parents' group, and provides individual treatment to enrollees.

Brown, L., & Peshee, J. G. Comparative techniques for increasing attending behavior of retarded students. Education and Training of the Mentally Retarded, 1971, 6(1), 4-11.

EC 031 660
ED N. A.

Two techniques were used to teach retarded children to attend to classroom stimuli without manipulating the physical properties of the stimuli: individual reinforcement and reinforcement of a model in the presence of observing classmates. While no significant differences in performance were obtained between subjects who received the two types of training, either of these procedures produced significantly more attending responses than the control condition. It was inferred that the behavior of attending to classroom stimuli could be increased whether or not the stimuli are intrinsically interesting.

Browning, P. L., et al. Impact 3: The Title VI Program in the State of Oregon, 1969. Salem, Oregon: Oregon State Board of Education, 1969. 115p.

EC 005 263
ED 037 861

The report presents an overview of summer 1969 Title VI activities which consisted of six programs for the following groups: mentally handicapped, visually impaired, speech impaired, deaf-blind, deaf, and emotionally disturbed. Summary abstracts on each program are presented including information on project function, funding background rationale, nature and number of group served, objectives, methodology, evaluation procedures, and results. Third party evaluators stated that the programs had a positive significant impact on the children; success of the programs was attributed in part to the use of precision teaching techniques and the use of classroom aides.

Browning, R. M., & Stover, D. O. Behavior modification in child treatment: An experiental and clinical approach. Chicago: Aldine Publishing Co., 1971. 422p.

EC 032 167
ED 050 499

The Children's Treatment Center in Madison, Wisconsin provides a total treatment program for emotionally disturbed children and their families while serving research needs and interests. The experimental-clinical method, synthesizing scientific and clinical approaches to behavior, is defined and the methodology which brings scientific rigor to the clinical setting is illustrated in discussions of measurement of behavior variables, specification of treatment procedures, and same-subject experimental designs. Also described in detail are the Center's behavior modification programs. The basic intent of the studies is stated to be the development and demonstration of experimental-clinical procedures. Five extensive case studies are included to give an account of experimental-clinical

procedures and to illustrate the value of constant monitoring of treatment effects and of providing total milieu planning.

Bruno, M., & O'Brien, G. A survey of public relations practices in public and private residential facilities for the mentally retarded. Mental Retardation, 1970, 8(6), 36-40. EC 031 566 ED N. A.

All public and a large number of private institutions for the retarded in the United States were surveyed to determine what types of public relations practices were most prevalent. Returns from 76.5% of this sample indicated that a great variety of techniques were being tried, with particular emphasis on group tours. The primary focus was on the effects of information on attitude change.

Buck, P. S., & Zarfoss, G. The gifts they bring: Our debt to the mentally retarded. New York: John Day Co., 1965. 156p. EC 003 600 ED N. A.

An introductory section presents a historical background of work in the field of retardation, including the contributions of Itard, Seguin, and Montessori. The relevance of Binet's development of intelligence tests and Doll's Vineland Social Maturity Scale, are discussed. The following are also described: research into the causes and prevention of retardation; advancements in educational programs, methods, and aids; vocational education and rehabilitation and workshop programs; and reasons against institutionalization and possible services to facilitate home care and services. Leadership in providing for the retarded, the need for coordinated services, and the responsibility of society for the handicapped are discussed; and the rewards of holding the retarded within the community are presented.

Buckman, R. O. (Ed.) Blueprint for the seventies: The 1971 mental retardation blueprint for action for Cuyahoga County, Ohio. Cleveland: Welfare Foundation of Cleveland, Ohio, 1971. 93p. EC 040 220 ED 055 398

This document briefly explains mental retardation, describes existing community programs for the retarded and their families in Ohio's Cuyahoga County, and recommends new community services. Service delivery systems discussed include clinical, educational, recreational, vocational rehabilitation, and residential care services. Program implementation is discussed with consideration of coordination and planning, fact gathering, evaluation, research, finances, personnel and facilities.

Burland, R. The implications for speech therapy of a study of the verbal regulation of behaviour in multiply handicapped children. British Journal of Disorders of Communication, 1971, 6(2), 120-124.

EC 040 441
ED N. A.

Five points on the verbal regulation of behavior patterns in multiply handicapped children are given and implications for speech therapy are presented. The author maintains that moderately and severely retarded children can show normal verbal regulation of behavior; nonverbal thought can reach a 12-year developmental level without identifiable verbal language; and some verbal skills may reach a 12-year developmental level with nonverbal abilities at the preschool level. In addition, the author states that verbal and nonverbal systems can reach high levels of development without any obvious relationships beyond the elementary stage and the developmental level of the second signaling system regulation of behavior is thought to relate to nonverbal, rather than verbal, development when discrepancies exist between the two.

Burton, T. A. Mental health clinic services to the retarded. Mental Retardation, 1971, 9(5), 38-41.

EC 040 342
ED N. A.

In many states the responsibility for providing community-based services to the retarded is assigned to mental health agencies. The author questions the efficacy of this policy. Considerable controversy exists among professionals who feel that the psychiatric orientation which usually permeates the mental health agency would reduce the effectiveness of the services that can or will be provided. An evaluation of Kentucky's mental health clinic services to the retarded appears to support the assumption that mental health clinics limit their services to diagnosis and evaluation without additional treatment.

Calvert, D. R., et al. Experiences with pre-school deaf-blind children. Exceptional Children, 1972, 38(5), 415-421. EC 040 717 ED N. A.

A program for preschool deaf-blind children at the San Francisco Hearing and Speech Center is described, including beginnings of the pilot program in 1966 and use of operant conditing techniques with 20 deaf-blind children under six years of age. Operant procedures were found to have limited value with severely deaf-blind children, although the procedures were more promising for children with good central nervous system organization. Also described are successful audiometry testing and the development of evaluation procedures including a behavioral profile. After four years' work it was concluded that a training program at this level is beneficial and that such a program should emphasize total child development and parent support and counseling, rather than just communication skills.

Carleton, C. S. Echoes of a scream fade into laughter as love and understanding reach emotionally disturbed children. American Education, 1967, 3(1), 20-22. EC 001 853 ED N. A.

An experiment was carried out with those emotionally disturbed children at the Fort Collins school whose problems were not severe enough to warrant institutionalization, i.e., about 1.5% of the total school population. Three service delivery systems were studied: a day school program, a homebound program for children with problems too severe for the day program, and an itinerant teacher program for students enrolled in regular classes but who required special attention in small groups. Each teacher, handling a maximum of 15 students, was specifically trained to work with emotionally disturbed children, and intensive therapy was coupled with the academic program. Total enrollment increased from seven in 1964 to a proposed 90 for 1968. The project returned students to the regular classrooms with varying degrees of success.

Castaldo, V. Down's syndrome: A study of sleep patterns related to level of mental retardation. American Journal of Mental Deficiency, 1969, 73(2), 187-190. EC 004 568 ED N. A.

Continuous recordings of EEG, EMG, and EOG were collected in 10 adolescent mongoloid male subjects. Moderately and severely retarded subjects were matched for age and formed the two experimental groups under study. It was determined that the severely retarded group had less rapid eye movement (REM) sleep time and greater REM latency than the moderately retarded group. The author discussed the possibility of a relationship between REM sleep time and intellectual functioning and the implications

of study findings to the psychoanalytic theory of dreams and to recent biochemical discoveries.

Chalfont, J. E., et al. Systematic instruction for retarded children: The Illinois Program--experimental edition. Final report. Urbana, Ill.: Illinois University, Institute for Research on Exceptional Children, 1970. 72p. EC 040 485 ED 056 444

The techniques of behavior modification, task analysis, and errorless learning were used in designing the Systematic Language Instruction (SLI) curriculum. SLI was field tested in nine classes for custodial and trainable mentally retarded in three states. Four teachers received extensive training in SLI; four received only written materials and minimal supervision; one teacher was supervised by long-distance contacts; and four teachers served as a control group using other curricula. Results indicated that teachers not previously exposed to SLI techniques, given intensive training and instruction, could effectively use the curricula. SLI children also made significant gains over the children exposed to a different method. It was recommended that demonstration centers be developed for dissemination, training, and further testing. (For a parent and teacher guide to systematic instruction, see ED 056 445. For individual curriculum guides for language, self-care, and motor performance, see ED 056 447 to 449.)

Chang, J., et al. Handbook of community agencies and resources with functional index by exceptionalities. Honolulu: Hawaii State Department of Education, Office of Instructional Services, 1971. 102p. EC 040 798 ED N. A.

The directory lists community agencies and resources available to handicapped children from the State of Hawaii. It emphasizes community services available on the island of Oahu, and provides information for each of the 67 entries, including name and address, function and services provided, eligibility requirements, referral procedures, fees, and staff available. Included in the listing of agencies and services are public and private special education schools. A functional index, according to areas of exceptionality is provided.

Chase, J. Where have all the patients gone? Human Behavior, 1973, 2(10), 14-21. EC N. A. ED N. A.

Among the consequences of California's 1969 Mental Health Services Act have been the closing of most mental hospitals and the return of many mentally ill patients into the community. In California, unless the patient consents or is proven dangerous, hospitalization beyond a 72-hour period is now illegal. So far

the evidence is that the effects on both patients and their communities is unfavorable and that there are many weaknesses in the new legislation, at least as it has been implemented.

Chigier, E. Using a group approach. Challenge, 1971, 7(2), 3-5. EC 040 508 ED N. A.

A group of severely mentally retarded adolescents were taught to work together in a group therapy approach. One third of the subjects, who ranged in age from 16 to 32 years, had been diagnosed as having mongolism, cerebral palsy, or epilepsy. Four groups, each consisting of 10 trainees and one instructor, worked together for 8 to 9 months. Initial activities focused on the development of group spirit, with the gradual development of group projects such as outside work in citrus groves on a voluntary basis. After ability had been established, piecework assignments were obtained, with payment based on group productivity. An intensive physical education program for the groups is also described.

Clarizio, H. F., & McCoy, G. F. Behavior disorders in school-aged children. Scranton, Penna.: Chandler Publishing Co., 1970. 519p. EC 030 933 ED N. A.

Presenting an introduction to the field of behavior disorders in children, the book is intended for advanced undergraduate and graduate students studying to be clinical or school psychologists, school counselors or social workers, and special education or regular classroom teachers. The first part of this three-part treatment concerns developmental and diagnostic considerations, issues associated with normal development, the concept and role of diagnosis in childhood disturbances, and the incidence of maladjustment. Part two examines the characteristics, theories of etiology, diagnostic considerations, and various treatment programs of the following types of disorders: psychoneurotic disorders, learning disabilities, mental retardation, social disadvantagement, juvenile delinquency, and childhood psychoses. The major approaches to therapy (psychotherapy and behavior modification), environmental interventions, classroom management of behavior problems, and preventive strategies, are treated in part three.

Clark, L. L. (Ed.) The research bulletin. No. 19, June 1969. New York: American Foundation for the Blind, 1969. 248p. EC 004 455 ED 032 674

Included in this volume of collected papers is an article concerning the incidence of multi-handicapped-blind (MB) and deaf-blind (DB) children under 21 years in California. Tables provide data on the number of MB in school settings, in state hospitals, not in school, and of preschool age. Also presented

are data concerning the average number of handicaps per child and a comparison of the severity of the handicapping conditions. Information was gathered through two questionnaires mailed to approximately 1,100 providers including schools and programs for the mentally retarded and the orthopedically handicapped. Evaluation of severity was subjectively made by the teachers of the MB and DB, as no objective measures were available. Recommendations for improved services and a bibliography conclude the article.

Clarke, A. D. B. Stretching their skills. Special Education, 1970, 59(1), 21-25. EC 501 130 ED N. A.

Cited are research studies involving various learning experiences with the custodial, trainable, and educable mentally handicapped. The data provided are used to disprove the traditional notion that simplification and isolation are the most valuable approaches to treatment of the mentally handicapped. Experimental data provided in areas such as concept formation and memorization serve to illustrate the need for and benefit of more complex learning experiences for the handicapped.

Clausen, J. Quo vadis, AAMD? Journal of Special Education, 1972, 6(1) 51-60. EC 042 931 ED N. A.

This review of the American Association on Mental Deficiency's (AAMD's) position on terminology and classification in mental retardation argues against the inclusion of the concept of adaptive behavior in the definition of mental retardation. The primary reason given for this stance is that the dimension of adaptive behavior cannot be measured. Its use is therefore said to introduce an element of subjectivity detrimental to work in the field. The author instead recommends maintaining impairment of intellectual functioning as the focal point of diagnosis. Structuring diagnoses on etiological or pathological considerations is further said to be impractical since 50% of mental retardates display neither of these factors. A series of commentaries on this position was prepared by various other authors, and their articles appeared in the same issue of the journal and were followed by a summarizing statement by Clausen.

Cobrinik, L. Programmed learning in the treatment of severely disturbed children: The role of motor patterning. International Journal of Child Psychiatry, 1972, 39(10), 11-21. EC 050 410 ED N. A.

The Edison Responsive Environment (ERE), a computerized talking typewriter, was used in a study of the role of motor patterning and programmed learning in treating severe emotional disturbance with two severely disturbed boys, age 13 years. These boys, who had manifested disturbances in motor

coordination, were able to learn simple typing skills on the machine by pressing keys in response to taped instructions. They learned to observe short time delays, developed simple keyboard maps and specific motor patterns as they internalized the ESE sequences. There was a marked decline in the frequency of stereotypic behavior as well as in levels of motor excitement.

Combs, W. W., & Harper, J. L. Effects of labels on attitudes of educators toward handicapped children. Exceptional Children, 1967, 33(6), 399-403.

EC 005 054
ED M. A.

A 25-item rating scale was used to measure attitudes of educators toward children and the labels schizophrenic, psychopathic, mentally deficient, and cerebral palsied. Results showed that the label, "mentally deficient" had a positive effect on attitudes toward the child, while all of the other labels resulted in more negative attitudes. Attitudes of student teachers and experienced teachers were also compared and no significant differences were found in their attitudes toward exceptional children.

Community facilities for the mentally retarded. Progress report. Washington, D. C.: Public Health Service, Division of Hospital and Medical Facilities, 1967. 51p.

EC 001 278
ED M. A.

The background of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (P. L. 88-164), which authorizes formula grants to states for the construction of public and other nonprofit facilities, is outlined. A program summary is provided along with tables summarizing total projects by combinations of the following variables: type of facility, ownership and construction; age group; services provided; level of retardation; and size of community. Further tables describe persons served by combinations of the variables of level of retardation, age group, and type of facility. An appendix lists, by state, data on the total projects approved, including diagnostic and evaluation clinics, day and residential facilities, and state and locally owned and voluntary nonprofit projects. Also appended are explanatory notes, a list of construction projects approved through June 30, 1966, and a list of state agencies administering the program.

COMPILE: Commonwealth plan for identification, location, and evaluation of mentally retarded children. Pennsylvania Departments of Education and Public Welfare, 1972.

EC N. A.
ED N. A.

Described is the Pennsylvania plan to identify, locate, and evaluate all school age children who are mentally retarded or thought to be mentally retarded and to develop adequate and appropriate public programs to meet the educational and training needs of these children (in accordance with the Order, Injunction and Consent Agreement of October 7, 1971, Civil Action No. 71-42, PARC vs. the Commonwealth of Pennsylvania). The plan also addresses itself to the structuring of administrative task forces capable of coordinating the necessary multi-agency and multidisciplinary human resources of the Commonwealth to solve problems of identification, location, evaluation, and program development. Appended are procedures, forms, a manual of instructions, and definitions for conducting the exceptionality census and evaluation. Also given is a list of private agencies and citizen groups which support implementation of state programs for exceptional children. (See Initial COMPET for a description of the Commonwealth's second phase plan to educate and train the mentally retarded.)

Comprehensive mental retardation plan. Final report of the mental retardation committee. Washington, D. C.: District of Columbia Department of Public Health, 1969. 115p.

EC 004 062
ED 031 842

Included in this report on mental retardation in Washington, D. C. are a discussion of incidence rates and a list of current and planned resources for the mentally retarded. The committee concludes that incidence rates are unreliable due to the lack of any definitions which are truly descriptive or prescriptive. The lumping of children with special needs into equally ill-defined groupings is also cited as a problem. Programs and resources (current and planned) for the mentally handicapped include: away from home care (foster homes, half-way houses); day care; public schools; children's centers; private facilities; special treatment and diagnostic facilities; recreation and/or rehabilitation centers; residential care; and vocational centers.

Conley, F. B., et al. Status report on the education of handicapped children in Rhode Island 1969-70. State Agency for Elementary and Secondary Education, 1970. 28p.

EC 031 910
ED N. A.

Results of a state-wide annual assessment of community efforts in the areas of special education are reported. A narrative section addresses the following three major areas: current status, problems of immediate concern, and planning for the future. Reviewed are the current status of community

programs, state support for special education programs, and federally supported program. Problems of concern include diagnosis, personnel, pre-school programs, senior high programs, and programs for the emotionally disturbed. Cooperative planning and preparation of professional personnel are cited as future targets. Statistical data compiled from information submitted by local public school superintendents is appended.

Conley, R. W. The economics of mental retardation. Baltimore: Johns Hopkins University Press, 1973. 372p.

EC N. A.
ED N. A.

Following a survey of the epidemiology of mental retardation, Conley summarizes the etiology of mental retardation and analyzes existing programs in terms of client population, staffing patterns, service delivery, and costs of care in a variety of settings. Costs are also estimated for serving different groups among the retarded. Effects of mental retardation are discussed in terms of loss of earning among retardates, loss of homemaking services and other unpaid work, and the social costs of mental retardation. A cost-benefit analysis of rehabilitative, educational, institutional, and preventive services is provided and recommendations are given for improving services. Current services to the mentally retarded are viewed as an unbalanced program. The author outlines an optimal program that would consist of a wide range of services designed to meet a wide variety of treatment and prevention needs.

Connor, G. M., et al. Audio tapes program aides: Intensive programming for the severely-profoundly retarded using pre-recorded audio tapes. Mental Retardation, 1972, 10(4), 40-42.

EC 042 609
ED N. A.

Six heterosexual groups, each consisting of eight ambulatory profoundly-severely retarded residents in a South Carolina institution, participated in a study involving the use of pre-recorded audio tapes. The groups were formed on the basis of common needs in the following areas: increased self-concept, motivation, gross motor skills, physical therapy, behavior modification, perceptual motor skills, increased attention span, and language development. The audio tapes dictated the activities of these groups and group leaders were trained in their use. After 12 months, 28 subjects advanced, 19 remained the same, and 1 regressed. It was noted that progress was better among persons with IQ's between 20 and 35 than with IQ's below 20.

Cornwell, A. C., & Birch, H. G. Psychological and social development in home-reared children with mongolism. American Journal of Mental Deficiency, 1969, 74(3), 341-350. EC 500 871 ED N. A.

Data for 44 home-reared mongoloid children on the Stanford-Binet and Vineland Social Maturity Scale reveal a broad range of intellectual (IQ 23-69) and social skills. Results indicated that IQ decreased with age, but SQ did not decline as systematically. The data support the hypothesis that Down's syndrome produces both a developmental lag and an arrest of certain psychological and social capacities.

Corrado, J., & Reed, J. Play with a difference. New York: Play Schools Association, 1969. 15p. EC 030 568 ED N. A.

In a five-year project conducted at an institution for the retarded by Play Schools Association and the institutional staff, parents and other concerned individuals gathered toys and equipment which were used to stimulate and enrich the lives of the profoundly retarded. A cottage supervisor discussed patient characteristics and habits before and after the play activities began, noting the improvement in abilities. The value of various play materials, including sensory training boards and books, manipulative materials, blocks, water, and musical instruments was discussed. The project resulted in improved attitudes and enthusiasm among attendants and other staff.

Cortazzo, A. D., et al. Divisional concept: A model for progress. Opa Locka, Fla.: South Florida Foundation for Retarded Children, 1972. 20p. EC 042 874 ED 066 848

The Miami Sunland Training Center, a large residential institution for the mentally retarded, was changed from a traditional institution to a resident- and program-centered model, consisting of four intensive specialized treatment divisions: (1) vocational rehabilitation, (2) education and training, (3) independent living, and (4) development and training. Principles underlying the divisional concept include meaningful individual programming over a 24-hour period, comprehensive programming based on team prescriptions, more frequent evaluation, and more frequent involvement of parents or residents. To evaluate its effectiveness, the divisional model was compared with control groups in two multi-purpose institutions, using the Adaptive Behavior Checklist. Results indicated that the divisional concept was a more efficient framework within which personal, social, adn vocational progress may be expected.

Cortazzo, A. D., & Runnels, E. J. One approach in rehabilitating the retarded. Rehabilitation Literature, 1970, 31(12), 354-360.

EC 030 915
ED N. A.

Described is a rehabilitation program for institutionalized mentally retarded persons at the Sunland Training Center (Miami, Florida). The philosophy and objectives of the vocational rehabilitation unit are explained, with an emphasis on the staff's commitment to an intensive treatment-centered program as opposed to the traditional custodial approach frequently evident in large multi-purpose insitutions. Aspects of the unit's program discussed include the vocational and psychosocial evaluations of clients, individual resident rehabilitation plans, counseling, vocational and community orientation, on-campus initial vocational training, community work training and employment, and placement.

Corte, H. E., et al. A comparison of procedures for eliminating self-injurious behavior of retardates. Journal of Applied Behavior Analysis, 1971, 4(3), 201-213.

EC 040 629
ED N. A.

Electric shock punishment was more effective than extinction through elimination of social consequences or mild food deprivation in eliminating self-injurious behaviors such as head banging and face scratching with four institutionalized, profoundly retarded adolescents. However, the effects of the punishment were usually specific to the setting in which it was administered and, therefore, the training was not generalizable to the numerous settings in which the undesirable behavior occurs.

Crosby, K. G. Standards for educational services in residential facilities for the mentally retarded. Education and Training of the Mentally Retarded, 1972, 7(1), 3-7.

EC 041 242
ED N. A.

Summarized are standards for residential facilities for the mentally retarded developed by the Accreditation Council for Facilities for the Mentally Retarded. Standards for educational and other professional services to residents have been included; many are relevant to programs in nonresidential as well as residential settings. The standards are offered for the guidance and instruction of educational providers and for use in a national, voluntary accreditation program aimed at improving all services for the retarded. (See EC 041 522)

Crosson, J. E., & DeJung, J. E. The Experimental analysis of vocational behavior in severely retarded males. Eugene, Oregon: Oregon University, 1967. 136p.

EC 001 386
ED 016 339

An experimental program was devised to train severely and profoundly retarded residential school patients on selected workshop tasks. Tasks analysis and Skinnerian principles of shaping, operant discrimination, and chaining of responses were applied in developing the training program. Data from a preliminary study with a random sample of 10 subjects suggested that the acquisition of complex chains of over 100 discrete behaviors was reflected in positively accelerated exponential curves. To test the effects of two reinforcement procedures on the maintenance of acquired chains, a second study was carried out with two groups of 11 subjects. The control group received low but constant levels of social reinforcement, while the experimental group received tangible reinforcers. The group receiving extrinsic reinforcement maintained higher and more stable rates of vocational behavior than did the controls.

Cruickshank, W. M., & Johnson, G. O. (Eds.) Education of Exceptional Children and Youth. (2nd ed.) Englewood Cliffs, N. J.: Prentice-Hall, 1967. 730p.

EC 001 670
ED N. A.

The development of education for exceptional children is revieved and related to current educational practices in elementary and secondary programs. Specific attention is then paid to the education of children with intellectual differences, including the gifted, mentally retarded, and brain injured, and of children with physical differences, including the visually, aurally, speech, physically, and health handicapped. The education of socially maladjusted and emotionally disturbed is also discussed, as are guidance for exceptional children and the administration and supervision of special education programs.

Curfman, H. G., & Arnold, C. B. A homebound therapy program for severely retarded children. Children, 1967, 14(2), 63-68.

EC 004 108
ED N. A.

The Sewall Easter Seal Rehabilitation Center in Denver sponsors a homebound therapy program for severely retarded children and their parents. The program, which consists of occupational therapy for the children and counseling services for the parents, currently serves 30 retarded children (ages three to 18 years, IQ "untestable" to 50) and their families. The focus of the program is to assess and develop the child's potentials and to help the family understand the child and contribute more to his development. Individual aims for each child include teaching of daily living skills, help in using toys

constructively, improving motor and perceptual development, and preparation for further training.

Curtis, W. S., & Donlon, E. T. An analysis of evaluation procedures, disability types, and recommended treatments for 100 deaf-blind children. Syracuse, New York: Syracuse University, 1969. 110p. EC 030 025 ED 043 151

Professional diagnosticians were asked to describe 70 multiply handicapped deaf-blind children at the Syracuse University Center for the Development of Blind Children. The terminology used was then classified according to the profession of the examiner and by the categorization system used, e.g., social-emotional, physical-medical, etc. Inspection of terms in six professional reports on each child showed 1,646 terms, and no term occurred over four times. Terms used to classify the group included etiological factors, child's physical and behavioral traits, and child and family characteristics. A general plan for the use of a formalized video-tape protocol for communication between agencies and as a means of standardizing observation procedure was evolved.

D'Amato, G. Residential treatment for child mental health towards ego-social development and a community-child model. Springfield, Ill.: Charles C. Thomas, 1969. 27p.

EC 004 494
ED 032 694

Psychiatric inpatient care of children at a large residential treatment center is discussed in terms of the formative factors of the home and community. The validity of the residential center is related to the omnipotence and/or helplessness of the patient. Implications for ego development, plans for meeting basic needs, a reformulation of the residential center concept, and day education and the day hospital center are also considered. Other topics of interest are: the attempt of the residential center to simulate the family, the problems of individuals or groups which lead to action, and the people who work with emotionally disturbed children. An appendix gives a cost analysis of Eastern State School and Hospital for the year 1966.

Dantona, R. Centers and services for deaf-blind children. Hearing and Speech News, 1970, 38(4), 12-13.

EC 030 686
ED N. A.

The Regional Centers for Deaf-Blind Children (Elementary and Secondary Education Act Title VI) are discussed in terms of origin, services, administration, and current status. The regional centers are required to provide the following minimum basic services: comprehensive and continuous diagnosis and evaluation; education, adjustment, and orientation programs; and consultation for parents, teachers, and others who play a direct role in the lives of the deaf-blind to promote understanding and to enable them to assist in the education and orientation process. Surveys, inservice training, and workshops conducted by regional center programs are described. (See Dantona and Salmon, 1972, for a related article.)

Dantona, R., & Salmon, P. J. The current status of services for deaf-blind persons. New Outlook for the Blind, 1972, 66(3), 65-70.

EC 041 392
ED N. A.

A brief overview of current educational programs and services for deaf-blind persons through the Regional Centers for Deaf-Blind Children and the National Center for Deaf Blind Youths and Adults is presented as are the main functions and conditions of eligibility for the two programs. Professionals associated with the ten Regional Centers seek out persons whose visual and auditory impairments are so severe that special education programs for either the visually or aurally handicapped are not adequate to meet the needs of the deaf-blind. The National Center provides rehabilitation training and focuses attention on the employment needs and opportunities available to the deaf-blind. An appendix lists names, addresses, and phone

numbers of the federal, regional, and national centers providing services to the deaf-blind. (See Dantona, 1970, for a related article.)

Davens, E. The President's Panel on Mental Retardation: Report of the Task Force on Prevention, Clinical Services and Residential Care. Washington, D. C.: Superintendent of Documents, U. S. Government Printing Office, 1962. 57p. EC 003 604 ED N. A.

The biological, psychogenic, and cultural aspects of prevention and early detection are reviewed in a summary report on prevention, clinical services, and residential care for the mentally handicapped. The discussion of diagnosis touches upon the role of the family physician, pediatrician, and interprofessional clinic, as well as personality diagnosis versus classification. Medical supervision, treatment of and by the family, and treatment of associated physical and emotional handicaps are forms of treatment reviewed. Clinical services in the community and residential care are explored. Discussion of the latter includes: organizational and administrative considerations, purpose and function, size, multi-purpose and limited purpose insititutions, administrators, research and records, hierarchies of care and movement within the community, and institutional programs in education, vocation training, and recreation.

Davis, W. E. Responsibilities of the educator in programming for the severely and profoundly retarded. Training School Bulletin, 1972, 68(4), 217-220. EC 041 381 ED N. A.

There has been an increase in the percentage of institutionalized severely and profoundly retarded individuals (IQ below 35), especially among younger age groups. Lack of adequate teacher preparation may contribute to the fact that many educators have failed to see teacher contact with the severely retarded as a true potential learning situation. Trainees and student teachers should be given more opportunities to work with this population. It is also suggested that meaningful communications between professionals and students and between universities and institutions be encouraged.

Davitz, J. R., et al. Terminology and concepts in Mental Retardation. Teachers College Series in Special Education. New York: Columbia University, Teachers College, 1964. 135p. EC 000 463 ED 013 513

Seven content categories are considered for defining mental retardation (MR): etiology, intellectual functioning, educational functioning, maturation and social competence,

psychological, physical and environmental, and prognosis. The following MR classification scheme is recommended: (1) custodial (IQ below 35); (2) trainable (IQ 35-50); (3) Educable (IQ 50-75); and (4) slow learners (IQ 75-90). The lowest level of MR (IQ below 20-25) is usually considered irremediable. Each classification is extensively described according to the above content categories. A major problem is the lack of reliable, valid, and precise measurement techniques for MR. However, IQ appears to have face validity since lowered IQ is the only measure characteristic of the MR group as a whole.

Debuskey, M., & Dombro, R. H. (Eds.) The chronically ill child and his family. Trick or treatment: How and when psychotherapy fails. Champaign, Ill.: Research Press Company, 1970. 203p.

EC 031 117
ED N. A.

The argument is made that present theories and treatment of mental illness by psychotherapy are inadequate and often aggravate the problem being treated. Present systems for diagnosing and classifying mental illness, procedures involved in psychiatric hospitalization, and specific treatment methods are criticized, citing failure and deterioration associated with institutionalization and with psychotherapy. Diagnostic or dispositional labels may be involved in "iatrogenic" or physician-induced illness. Behavior assessment, operant conditioning, and related methodologies of behavior modification are suggested as more likely to be successful. Techniques of behavior assessment are discussed in detail.

DeFries, Z., et al. Disturbed children in foster home care: A realistic appraisal. White Plains, N.Y.: Westchester Children's Association, 1965. 43p.

EC 004 600
ED N. A.

The effect of intensive therapy and casework services given to 27 children in foster homes was compared with a similar group of six- to 15-year-old emotionally disturbed who were also placed in foster homes, but without any special intervention. Over the three years of the experiment, project staff worked in four main areas: directly with the children, with foster parents, with natural parents, and with community agencies and institutions, especially schools. Ratings based on content analysis of psychiatric interviews at the beginning and termination of therapy were as follows: 13 experimental and eight control improved, five experimental and nine control did not change, while the condition of eight experimental and nine control children was aggravated. It was concluded that an intensive therapeutic effort did not produce significant results and that institutional care should take precedence over foster homes. The upgrading of institutions and the need to develop more effective ways of removing children from negligent parents were discussed.

DeMyer, M. K. New approaches to the treatment of very young schizophrenic children. Chevy Chase, Maryland: National Clearinghouse for Mental Health Information, 1967. 18p.

EC 001 751
ED N. A.

Out of a group of 149 schizophrenic children between two and five years of age admitted to a residential treatment center, 51% had abnormal electroencephalograms (EEG's), and 15% had experienced epileptic-like seizures. Behavior modification principles similar to those used in training animals were effective with severely schizophrenic children, resulting in a broadened range of activities. A number of other treatment programs are described; one of these is a semester program in which the child spends five months at the center and seven months at home. Other projects studied the relationship between abnormal EEG's and abnormal behavior.

DesLauriers, A. M., & Carlson, C. F. Your child is asleep: Early infantile autism. The Dorsey Series in Psychology. Homewood, Ill.: The Dorsey Press, 1969. 401p.

EC 003 927
ED 029 428

This paper includes a general discussion of autism and the role of communication; a report on a research program which applied therapeutic educational techniques; and discussions of language development, diagnosis, emotional deprivation, and etiological considerations. In addition, the following are included in a discussion of treatment considerations: developmental arrest, family role in affecting arousal, the clinical setting, therapy, and the operant conditioning approach. Several case studies are also included, as is a section on testing autistic children and the implications of test results.

Despert, J. L. Reflections on early infantile autism. Journal of Autism and Childhood Schizophrenia, 1971, 1(4), 363-367.

EC 041 552
ED N. A.

Thirty years ago early infantile autism was totally unknown as compared with current worldwide recognition of the syndrome. Familiarity with the concept is said to reflect, not growing knowledge of the disorder, but increased confusion about the syndrome and some refinement of diagnostic criteria. Studies concerning incidence of autism are cited and two major characteristics of autism are given: failure to respond to tactile stimulation and aborted sexual development. The author also notes that in the I-Other relationship, the Other is non-functional in the autistic child.

The directory for exceptional children. (7th ed.) Boston: Porter Sargent, 1972. 1,179p. EC 050 534 ED N. A.

Nearly 4,000 facilities for exceptional children are described and listed, with each listing giving the following information: name, address, phone number, name of director, enrollment data, handicaps served, staff educational programs, rates, ownership, and sponsorship. The directory is organized by disability and includes area maps and announcements from about 70 of the institutions listed. Also included is a list of associations, societies, and foundations, and one of federal, state, and territorial agencies serving the handicapped.

A Directory of Connecticut's Services for Exceptional Children. (4th ed.) New Haven, Conn.: Southern Connecticut State College, Department of Special Education, 1967. 46p. EC 003 579 ED N. A.

Resources for handicapped children in Connecticut are listed first under the type of handicap and then alphabetically by location. The areas of exceptionality include mental retardation, emotional handicaps, speech and hearing handicaps, crippling conditions, and visual handicaps. State agencies serving this population, parent associations, residential programs, and other facilities are listed under the handicaps served. For each entry, the following information is provided: name and address of the agency, services offered to children, name of contact person, person who may refer the child and method of referral, ages served, boarding facilities, geographical area served, qualifications for acceptance, and fees. General agencies such as the State Employment Division and the Bureau of Vocational Rehabilitation offices within the State Department of Education are also included.

Directory of programs for deaf-blind children. Sacramento, Calif.: Southwestern Region Deaf-Blind Center, 1971. 12p. EC 032 124 ED N. A.

A directory of public and private programs enrolling deaf-blind children in the states of Arizona, California, Hawaii, and Nevada was developed from information returned on a questionnaire sent to school districts and private agencies. A list of programs uniquely designed for deaf-blind children (including demonstration classes funded by the Southwestern Region Deaf-Blind Center) is followed by other programs which also enroll the deaf-blind. The latter are listed by location (state, county, and school district).

Directory of Schools, Agencies, and Institutions for children with special needs. Columbus, Ohio: Ohio Youth Commission, Research Department, 1965. 334p.

EC 000 462
ED N. A.

Residential facilities and out-patient services which will accept children of any race, creed or color from Ohio are listed in alphabetical order. Descriptions specify location, executive director and intake officer, physical plant, capacity, ages, intake policies, costs, adminstration, length of residence, educational or vocational programs, and clinical services. Of the schools and institutions listed, 43 accept neglected and dependent children; 57, children with delinquent or predelinquent behavior problems, 42, the emotionally disturbed; 29, the mentally retarded or brain-injured; 28, the physically handicapped; and 4, unmarried mothers.

Directory of Services for the Mentally Retarded in Georgia. Atlanta: Georgia Department of Public Health, Council on Mental Retardation, 1966. 41p.

EC 003 934
ED 029 431

Services in the State of Georgia are available from several agencies. The Department of Public Health includes state hospitals and schools, public health and community services, and services for maternal and child health, crippled children, and school health. Other services are provided under the Exceptional Child and Vocational Rehabilitation Divisions of the Department of Education; the Department of Family and Children Services; the Recreation Commission; and university and hospital programs. Services provided by associations for the retarded, speech impaired, visually handicapped, crippled and cerebral palsied are discussed; and lists of day care and residential facilities for the retarded are included. Regional clinics, procedures, admission policies, and priorities for admission are considered. The location of 21 regular and specialized vocational rehabilitation services, and addresses of commissions and agencies to contact for further information are provided.

Directory of services for the multiply handicapped deaf and or hearing impaired. Washington, D.C.: Gallaudet College, 1970. 102p.

EC 030 031
ED 043 157

Centers, facilities, and schools which provide services to deaf or hearing-impaired children and adults who have additional handicaps are listed by name, with the address, name of director, and a brief description of the facility, the clients served, and the services offered. In addition, information and bibliographies on research projects relating rubella to the multiply handicapped, the multiply handicapped hearing impaired, and the deaf multiply handicapped are included.

Directory of state and local resources for the mentally retarded. Washington, D. C.: Secretary's Committee on Mental Retardation, 1969. 129p. EC 005 254 ED 038 784

State coordinating agencies, state agency administered programs, non-government state resources, clinical programs, and residential and special facilities offering specific services to the mentally retarded are listed for each of the states and territories.

Division for handicapped children: Handbook of services. Madison, Wisc.: Wisconsin Department of Public Instruction, 1968. 85p. EC 004 957 ED 036 929

Programs, the enabling legislation, state services to local agencies, policies and procedures, and overviews of the programs administered by Wisconsin's Division for Handicapped Children's Services are described. This is followed by a number of chapters which treat specific disabilities and programs such as impaired vision or hearing, hearing conservation, speech correction, emotional disturbance, mental retardation, special learning disabilities, and homebound instruction for the disturbed and the mentally retarded. Information on special and general supportive services such as teacher training, research and evaluation, medical social service, and boarding home placement, as well as incidence figures by handicapping condition are reported.

Donahue, G. T., & Nictern, S. Teaching the troubled child. New York: The Free Press, 1968. 202p. EC 003 171 ED N. A.

A community-initiated program for disturbed children, its sources of support, and its operations are discussed. Known as the Elmont Project, the program received support from the regular school system as well as local community organizations in New York City. Working with a full-time teacher, volunteer teacher moms provided individual instruction to each child two mornings a week. The overall goal was to allow the children to return to the regular classroom without isolating them from family, peers, and community during treatment. Six case histories describe children who were psychotic, neurotic, pseudo-retarded, sociopathic, brain-damaged, and unteachable. During five years of project operation, 31 children were treated, 21 of whom successfully returned to regular classrooms.

Dorenberg, M. A home training program for young mentally ill children. Brooklyn, N. Y.: League for Seriously Disturbed Children, 1969, 57p.

EC 031 598
ED 046 456

Described is a program which provides intervention for families and emotionally disturbed children who are on waiting lists for traditional therapy. The program emphasizes cooperation between professionals and parents and provides individual instruction and group meetings. The underlying approach is to strengthen the parents' self-concept by enabling them to work productively with the emotionally disturbed child in the setting of their family and home. Forty-five families have completed the program during its two years of operation, and the program is said to have been most effective with parents of very young children to whom other forms of treatment are often unavailable.

Douglass, J. H. Guest Editorial: A new thrust approach to mental retardation. American Journal of Mental Deficiency, 1971, 76(2), 145-152.

EC 041 059
ED N. A.

The priorties in mental retardation research and services established by the President's Committee on Mental Retardation for the 1970's are based upon the knowledge that 75% to 85% of retarded persons appear to have no physiological damage. Efforts will be directed more toward complex environmental factors often associated with and possibly causative of numerous handicapping conditions--environmental factors such as slum conditions, malnutrition, inadequate health and welfare systems, and a dearth of services to meet basic human needs. For the profoundly retarded, the thrust will continue in the direction of continuous upgrading of the caliber of facilities and services within institutions. There will be continued efforts to promote alternative living arrangements, small group homes, cottage plans, and improved staff-to-resident ratios.

Dubner, H. W. A program for language development of emotionally disturbed nonverbal children. Rehabilitation Literature, 1971, 32(9), 266-268.

EC 040 006
ED N. A.

Described is the Forum School in Waldwick, New Jersey, a day school for seriously emotionally disturbed children. The school's program, based on the expectation of normal behavior and development, attempts to foster language development and socialization. Provided with intensive stimulation, the child is taught to listen and respond, to become aware of his body and identity, to develop perceptual-motor skills, and is encouraged to verbalize at every opportunity. No evaluation data on program effectiveness is provided.

Dunn, L. M. (Ed.) Exceptional Children in the schools. Nashville, Tenn.: George Peabody College for Teachers, 1963. 580p.

EC 002 684
ED N. A.

After a general overview which discusses exceptionality and the problem of adjustment, specific areas of handicap such as the educable mentally retarded, trainable mentally retarded, gifted, emotionally disturbed, and socially maladjusted, speech impaired, deaf and hard of hearing, blind and partially seeing, and crippled and neurologically impaired are discussed. The text continues with definitions of each exceptionality and discussions of prevalence, identification, characteristics, educational procedures, and resources. For each, references, films, and resources are listed.

Dybwad, G. Planning facilities for severely and profoundly retarded adults. Waverly, Mass.: Walter E. Fernald State School, 1969. 8p.

EC 005 391
ED N. A.

The new physical facilities at the Walter E. Fernald State School for the retarded in Waverly, Massachusetts utilize the following principles of design: creation of small housing units of integrated spatial arrangement designed for the daily living needs of small numbers of patients; great flexibility for varied utilization of space; creation of a stimulating environment with meaningful uses of spaces; and avoidance of undesirable overstimulation.

Easson, W. M. The severely disturbed adolescent: Inpatient, residential, and hospital treatment. New York: International Universities Press, 1969. 249p.

EC 004 834
ED 035 151

Specific indications for hospital treatment provide a set of descriptions of the type of adolescent who might be helped in an inpatient therapeutic environment. Various facets of the residential treatment unit, including psychotherapy and use of medication, facilities, continued diagnosis, underlying principles, and goals and results of treatment are covered under separate chapter headings.

Easson, W. M. Symptomatic autism in childhood and adolescence. Pediatrics, 1971, 47(4), 717-722.

EC 032 129
ED N. A.

Symptomatic autism is said to occur most frequently when a child has been forced, from infancy or an early age, to live and to grow in his own private world due to a severe perceptual or intellectual handicap. The syndrome is most readily recognized in children who from birth or infancy are deaf, blind, or

moderately to severely mentally retarded. It is pointed out that a child may develop in a relatively healthy and productive way, if the symtomatic autism is diagnosed and treated early. Without treatment the child is likely to become increasingly handicapped and demonstrate bizarre behaviors. Eventually such a child is indistinguishable from children whose autism is due to other causes.

Education for exceptional children: Florida Title VI projects in review. Tallahassee, Fla.: Florida State Department of Education, 1971. 65p.

EC 050 164
ED 069 081

In a description of Florida's Title VI programs for the handicapped for fiscal years 1968 through 1971, an introduction outlines the state's plan for providing educational services to handicapped children. The following priorities are noted: upgrading leadership and administration; providing programs for low-incidence handicaps (blind, deaf, trainable mentally retarded, and physically handicapped); conducting accountability and evaluation studies of already existing programs; and developing early education programs. The abstracts of the programs funded between 1968 and 1971 provide information on program operations, number of children served, funding, and evaluation strategies.

An educational program for multihandicapped children. Los Angeles: Los Angeles County Superintendent of Schools, California, 1972. 233p.

EC 042 680
ED 065 951

What a school district can accomplish in developing an educational program for multiply handicapped children aged 3 to 8 years is described in detail. The basic philosophy including statements of operational (decision-making, staffing, consultants, etc.) and educational (socialization, self-care skills, motor and perceptual development, etc.) goals, profile scales, use of media, curriculum facilities and materials, are discussed in depth. The description of the program model consists of three sections: total educational programming, personnel requirements, and operational contexts.

Educational specifications for special education facility. Miami, Fla.: Dade County Public Schools, 1969. 52p.

EC 031 263
ED 046 178

Dade County education officials concerned with special education have prepared a manual setting forth the specifications of an educational facility which will accomodate a large variety of handicapping conditions. Among the issues discussed are: space, daily schedules, equipment, and program needs. A special

"suite" or area is suggested for deaf and auditory handicapped and visually handicapped, another for the learning disabled and motor handicapped, and a third suite as a multi-purpose area and diagnostic-therapy unit.

Edwards, M., & Lilly, R. T. Operant conditioning: An application to behavioral problems in groups. Mental Retardation, 1966, 4(4), 18-20. EC 000 477 ED N. A.

Operant conditioning was used to change the mealtime behavior of 26 assaultive female patients (IQ's 5 to 25, aged 14 to 38) in a closed ward at Fairview State Hospital in Costa Mesa, California. All subjects were ambulatory and hyperactive with little verbal language and all but three were self-feeders. Conditioning included changing mealtime procedures by inviting groups of patients into the dining room instead of admitting only a few at a time as was the established procedure. Satisfaction of hunger was used as the initial motivation and food as the reinforcer; verbal support and approval later became the reinforcer with food available upon demand. Mealtime behavior improved significantly and fewer employees were needed to supervise it. However, the improved behavior did not transfer to other times of the day.

Elgar, S., & Wing, L. Teaching Autistic Children. London: National Society for Autistic Children, 1969. 32p. EC 032 122 ED N. A.

This booklet provides information on the problems and teaching of autistic children. The nature of their handicaps and their behavior in infancy and childhood are described, and autism is differentiated from other conditions with which it might be confused. Services for autistic children, both those excluded from education and those accepted in schools, are summarized. The teaching methods used at the Society School for Autistic Children at Ealing in Great Britain are presented in detail, as are methods for dealing with behavior problems, methods for teaching formal school work, methods for teaching practical skills and non-academic subjects, emotional responses and social integration and special problems. Qualifications and qualities necessary for teaching autistic children are indicated.

Elkin, R., & Cornick, E. L. Analyzing Costs in a residential group care facility for children; a step-by-step manual. Washington, D.C.: American University, School of Government and Public Administration, 1969. 114p. EC 004 466 ED 034 335

This manual, designed for use by government or voluntary agencies providing residential group care for children, presents

guidelines for initial review and year-end interpretation of agency operations along with worksheets for agency expenses, parent organization expenses and evaluation of donated goods and services. An illustration of a cost analysis report is also included. Appendixes cover the following: analysis of operations after completion of the cost report; time allocation methods, including an illustration of a time study kit and guidelines for selecting random time study days; the multiservice agency, including three worksheets; and definitions of institution functions and staff assignments. A glossary and index are supplied.

Ellingson, C. Directory of facilities for the learning-disabled and handicapped. New York: Harper & Row, 1972. 624p.

EC 042 107
ED N. A.

Diagnostic facilities and remedial, therapeutic, and developmental programs for learning disabled and other handicapped persons are listed alphabetically by state. The following descriptive information is provided for each diagnostic facility: disabilities evaluated and diagnosed, annual case load, client age range, referral regulations, waiting lists, fees charged, test batteries used, specialists available for consultation, staff characteristics, funding, types of reports to parents, and whether the concept of neurological dysfunction is recognized in diagnostic procedures. Similar data, where applicable, are given for remedial, developmental, and therapeutic programs.

Emma Pendleton Bradley Hospital: A residential treatment center for emotionally disturbed children. Emma Pendleton Bradley Hospital, 1971. 32p.

EC N. A.
ED N. A.

The handbook and a 40th anniversary brochure describe the hospital's residential treatment program for emotionally disturbed children (ages six through 12) whose primary difficulties do not involve mental retardation, organic, or physical handicaps. Information is included on the center's philosophy, the hospital's facilities, living arrangements, and the psychotherapeutic, educational, and medical programs. Also described are the facility's extensive recreational and group activities, regulations regarding visiting, gifts, home visits, and other ancillary activities. Expenses are detailed including the basic $62.00 per diem cost for care and treatment. Average length of stay at the treatment center is reported to be two years. Additional information is available upon request from the hospital.

Emotionally disturbed children: Whose fault? Whose responsibility? The Instructor, 1967, 77(1), 22-25. EC 001 279 ED N. A.

When teachers, principals, social workers, psychologists, and other related professionals engage in dialog on the subject of emotionally disturbed children, certain questions and responses may be expected. The topics usually covered include: incidence, teacher-pupil relationships, special services, impact of disturbance on achievement, degree of school responsibility, drug uses, and the more severe problems of hospitalization and suicide. Of special interest are the following incidence rates: government figures indicate that 100,000 children (1967) in the U. S. require hospitalization or a completely separate environment from other children; the number of emotionally disturbed children is increasing 4.5% faster than the normal population increases; estimates of child suicide are 100 per year with the number of attempts approximately four times greater. Conclusions regarding costs suggest that even $5,000 a year spent on an emotionally disturbed child may be an economy: if he were hospitalized for his adult life, the cost could be 40 times that amount.

Engel, M. Dilemmas of classification and diagnosis, Journal of Special Education, 1969, 3(3), 231-239. EC 500 966 ED N. A.

The problem of classification is presented within an historical context. Current trends in diagnosis are discussed with reference to the societal and research implications of the classification problem. Stressed are the weaknesses in existing schemata which place handicapped children in inappropriate treatment settings. Cited as an example are state regulations which prohibit the consideration of children with IQ's below 90 as emotionally disturbed. It is also suggested that more attention should be paid to diagnostic work so its "deterioration into classification" (labeling) will cease to impede research and treatment activities.

Environmental programming for the deaf-blind. Lansing, Michigan: Michigan School for the Blind, 1972. 126p. EC 050 107 ED 069 057

This highly technical manual presents the proceedings of an environmental programming workshop on deaf-blind individuals. The workshop focussed on examining the principles and techniques of behavior modification and providing illustrative examples. Explanations and applications of a number of specific behavior modification techniques are presented as are training and maintenance procedures for a variety of activities. Guidelines are also given for training parents to use these techniques in the home.

Evaluation of educational programs in state-operated and state-supported schools for handicapped children (P.L. 89-313 ESEA Title I) Phase I report: Program data and analysis. Falls Church, Va.: Exotech Systems, Inc., 1973, 115p. EC N. A. ED N. A.

Phase I of a study evaluating the impact of P.L. 89-313 on education and training programs in state-operated and state supported schools for handicapped children has resulted in a compilation and assessment of data about the population of handicapped children in the U. S. The first of the two sections presents estimates of the target populations of handicapped children; the second deals with the P.L. 89-313 grant formula and with grant program data such as enrollment and expenditures. State data are given in the appendix.

Ewalt, J. R. Differing concepts of diagnosis as a problem in classification. American Journal of Psychiatry, 1972, 128(11) 18-20. EC 042 261 ED N. A.

Major differences in the British and U. S. concepts of mental retardation that are said to hamper creation of a uniform international classification system are discussed. In Britain mental retardation is defined as an arrested or incomplete development of the brain, while in the U. S. it is defined as a person's mental status current at a given time but subject to change. The U. S. concept is seen to cause more people to be classified as mentally retarded because it does not contain a prognostic statement, whereas the British concept does. For related abstracts see EC 042 258-260 and EC 042 262-265.

Exceptional pupils. Special Education Bulletin Number 1. Indianapolis, Ind.: Indiana State Office of the State Superintendent of Public Instruction, Division of Special Education, 1968. 129p. EC 003 820 ED 027 693

This bulletin contains an introduction to exceptional children and a discussion of each of several areas of exceptionality, including mental retardation and emotional disturbance. Each of these discussions is followed by a bibliography and a list of relevant agencies or resources. The chapter on mental retardation stresses the need for basing classification on medical evaluation, measurement of potential learning ability, and assessment of capabilities and maturity in social situations. This chapter further describes severely retarded individuals as having neither speech nor the ability to take care of their own needs. The discussion of emotional disturbance is centered on the difficulty of defining levels of severity and includes a diagram representing the continuum of emotional disturbance from mild to severe and programs and

counseling services typically associated with each level of severity.

An exemplary program of special education for handicapped children and demonstration centers of special education. Evaluation: Project Adjustment, Title III, E.S.E.A., Marion, Illinois: Marion Community Unit School District 2, 1969. 107p. EC 004 198 ED 031 850

This evaluation report consists of standardized test score results, detailed case studies, observation records, and comparative graphs. The data were collected internally by regular and advisory staff and externally by consultant statisticians in order to assess Project Adjustment's progress toward ten objectives. Descriptions of each of the objectives are provided along with the evaluative data. In general, the objectives focussed on increasing the numbers of emotionally disturbed children served by improving and increasing facilities and staff. The program also provided a demonstration class of maladjusted children and developed screening procedures and an adequate communications system for the demonstration center.

Experimental classes for multiply handicapped deaf children. Indianapolis, Ind.: Indiana School for the Deaf, 1970. 68p. EC 040 475 ED 056 435

This report describes a residential six-week summer program for educably retarded deaf children (IQ 60-79, ages eight to 12 years) whose major goals were to explore ways of working with multi-handicapped deaf children and to develop program models for year-round use. All children selected for participation in the program had previously been excluded from services because of their multi-handicapped condition; many of them had had no formal education. The report also describes the program's educational objectives and presents the recommendations which resulted from operations. The staff are reported to have found greater success with manual communication than with aural communication.

Faas, L. A. (Ed.) The emotionally disturbed child: A book of readings. Springfield, Illinois: Charles C. Thomas, 1970. 386p.

EC 032 028
ED N. A.

This volume focusses on providing an overview of the services available for emotionally disturbed children and includes 34 articles concerned with the identification, understanding and education of emotionally disturbed school children. Emphasis is on emotional disturbance within the regular school system, so that much of the text is not relevant to this study.

Fait, H. F. (Ed.) Curriculum guide for teaching physical education to the profoundly and severely retarded. Mansfield Depot, Conn: Mansfield Training School, Department of Physical Education, 1969. 18p.

EC 005 689
ED 039 670

This physical education curriculum guide describes methods, techniques, objectives and core activities for use with the profoundly and severely retarded. Supplementary activities for hyperactive and emotionally disturbed individuals are also included. The guide emphasizes a small teacher-pupil ratio, and among the methods and techniques suggested are manual kinesthesis, demonstration, verbalization, and operant conditioning. The observation records, tests, and behavior rating scales used are also included.

Farber, B. Effects of a severely mentally retarded child on family integration. New York: Kraus Reprint Company, 1959. 112p.

EC 031 760
ED N. A.

Parents of 240 trainable mentally retarded children were interviewed to determine how children with an IQ below 50 influence family integration. Independent variables included age and sex of the retarded child, social status, religious preference, location of the child (home or institution), and a host of variables pertaining to the social-emotional relationships of the parents. Each of these variables was related to marital integration and sibling role tension. Results indicated that age, sex, and dependence of the retarded child in combination with the presence of normal siblings and the social status and religion of the family were shown to determine the impact of the presence of the retarded child on the family. Specifically, the results suggest that a retarded boy, especially after the age of nine will probably have a disruptive effect on marital relations; personality problems will probably evidence themselves in the sister who is given responsibilities for the retarded child; and the degree of helplessness of the retarded child will probably affect the personality of the normal child adversely.

Fassler, J., & Bryant, D. M. Disturbed children under reduced auditory input: A pilot study. Exceptional Children, 1971, 38(3), 197-204. EC 040 228 ED M. A.

Described is a study which investigated the attention and performance of 20 children on simple tasks as well as the performance of emotionally disturbed, communication impaired, and autistic children under conditions of reduced auditory input (ear protectors) and under conditions of normal auditory input (using a placebo device). Under ear protector conditions, a significant increase was noted in the amount of attention given to most of the tasks and a significant improvement was noted in the performance of two of the five tasks. Teacher ratings indicated, a significant improvement in classroom attention under ear protector conditions. It was concluded that a number of autistic children do improve in classroom attention and show some gains in attention and performance on certain tasks under conditions of reduced auditory input.

Fassler, J., & Sweeney, E. Performance and classroom behavior of seriously disturbed, verbally communicative, psychotic-type children under conditions of reduced auditory input. Interim Report. New York: Columbia University, Research and Demonstration for Education of Handicapped Children, 1971. 21p. EC 040 993 ED 058 683

This study investigated the effects of reduced as well as normal auditory input on the classroom attention and performance of 30 seriously emotionally disturbed children ages 7 to 12 enrolled in the League School in Brooklyn, New York. Of the seven females and 23 males included in the study (a distribution representative of the sex ratio frequently found in schools for the seriously disturbed) all children exhibited considerable confusion about reality and severe difficulty in their ability to relate to others, but were judged educable by school psychologists. No significant difference was found in either task performance or classroom attention under the condition of reduced auditory input (using ear protectors) or normal auditory input (using a placebo device). Children who exhibited serious language disorders, however, appeared to improve in classroom attention.

Ferster, C. B. Treatment and education of autistic children: combined application of clinical and laboratory methods: Final report. Silver Spring, Maryland: Institute for Behavioral Research, 1968. 482p. EC 011 692 ED 030 247

The first chapter in this comprehensive text summarizes the different theories used in the classification and description of autism and accepts as the two principal diagnostic criteria the behavioral characteristics used by Kanner and Eisenberg (1955):

extreme self-isolation and obsessive insistence on sameness. Other characteristics deriving from these two basic ones include: (1) detachment from people; (2) peculiarities of linguistic-motor performance; (3) type of relationship to objects; (4) conceptual fragmentation; (5) obsessive trends as shown through the repetitiousness and ritualism. Creak's Working Party in 1961 put forth the following criteria of "schizophrenic syndrome in childhood": (1) withdrawal from or failure to become involved with reality; (2) serious intellectual retardation with inlets of normal, near normal, or exceptional intellectual function or skill; (3) failure to acquire speech or to maintain, improve, or use speech already learned; (4) abnormal responses to one or more types of sensory stimulus (usually sound); (5) gross mannerisms and peculiarities of movement; and (6) pathological resistance to change. Most of the book is given over to a description of the Linwood Project, a three-year experiment in which the techniques of experimental psychology and operant reinforcement principles were used in a treatment center to gain in the understanding and treatment of autistic and schizophrenic children. In addition to providing details on the project itself, the setting and therapeutic process, treatment techniques, staff training, and materials utilized, a clinical description of the population in the study and evaluation are given.

Finch, S. M., & Poznanski, E. O. Adolescent suicide. Springfield, Illinois: Charles C. Thomas, 1971. 66p.

EC 040 023
ED N. A.

Adolescent suicide is one manifestation of emotional disturbance. Conditions which precipitate the act and the methods used are presented. The four syndromes which tend toward this behavior include: impulsive character disorder, depressive symptomatology, psychotic, and wrist-cutting syndrome. Etiological factors involved in suicide are stated to be family background, environment, inheritance, menstruation, and pregnancy. Also considered in the volume are suicide among college students and the relationship between agressive behavior and suicide. Assessment and mangement of suicidal behavior is also discussed.

Finding programs for troubled children. Detroit, Michigan: Michigan Association for Emotionally Disturbed Children, 1972. 117p.

EC N.A.
ED N.A.

Designed to help professional workers and parents locate school and treatment resources, this indexed directory lists agencies providing direct services to the emotionally disturbed, public school special education programs, community health services boards, and statewide professional and citizen groups involved in special education and mental health. The lack of adequate and ample resources for the emotionally disturbed children in Michigan is emphasized.

Fingado, M. L., et al. A thirty-day residential training program for retarded children. Mental Retardation, 1970, 8(6), 42-45. EC 031 567 ED N. A.

This article describes an intensive training program in which retarded children are institutionalized for thirty days. During this period, a team of nursing and psychology personnel develop individualized behavior modification programs for each child, and parents are taught to develop and carry out the programs. The program also provides follow-up contact after the children are discharged.

Fink, A. H. Fink interaction analysis system. Bloomington, Indiana: Indiana University, Center for Educational Research and Development for Handicapped Children, 1971. 12p. EC 040 771 ED 049 281

This paper (presented at the February 1971 meeting of the American Educational Research Association) discusses the need for more precise analyses of the complex educational and psychological processes in special classes for the emotionally disturbed. The author develops a psychoeducational model involving teacher-pupil interaction and describes an interaction analysis system for rating teacher role and student behavior in classes for the emotionally disturbed. Systems for classifying both teacher and pupil behaviors are included and the observation methods and results of reliability checks are discussed briefly. Application of the system in 15 classes for emotionally disturbed children showed significant differences between teacher and pupil behavior depending on whether the classes were in clinics or in public schools. Inter-observer reliability rates in excess of .85 are reported, but further reliability checks are recommended for specific future uses of the instrument.

Flanigan, P. J., et al. An orientation to mental retardation: A programed text. Springfield, Ill.: Charles C. Thomas, 1970. 224p. EC 030 341 ED N. A.

Information on concepts of definition, etiology, classification, evaluation (general, psychological, social, educational, and medical), and sensory functioning as related to mental retardation is presented in a programmed format. The content of the text also includes developmental characteristics, educational aspects, vocational settings, social concerns, and services for the mentally handicapped. A glossary of terms and bibliography are provided.

Flint, B. M. The child and the institution: a study of deprivation and recovery. Buffalo, N. Y.: University of Toronto Press, 1966. 180p.

EC 003 525
ED 025 893

An experiment in environmental adaptation was established in a children's home for emotionally and culturally deprived infants and preschool children. The experiment involved staff and building changes, inservice training, a volunteer program, and emphasis on the individuality of each resident. The staff found that the children gradually showed emotional, social, and speech development and became increasingly competent in self-help skills. After 15 months, 44 of the 83 children had been returned to their parents or placed in foster or adoptive homes. Results indicated that an institution could promote healthy development by recognizing the individuality of the children, providing close relationships with other people, encouraging initiative, and being consistent in care and discipline.

Florida plan for comprehensive action to combat mental retardation. A report to the governor. Tallahassee: Florida State Interagency Committee on Mental Retardation Planning, 1965. 110p.

EC 002 741
ED 023 230

Information is provided on Florida's mental retardation facilities and programs, and 131 recommendations and guidelines are given for the expansion and improvement of services. Included in the report is a discussion of the nature of mental retardation, its causes, characteristics, degrees, prevalence, diagnosis, and treatment.

The plan is based on the AAMD definition of mental retardation: "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behaviors." Both profoundly (IQ 0 to 24) and severely (IQ 25 to 39) are classified as "dependent retarded". The major behavioral distinction between the two groups is that while profound mental retardates can respond to habit formation training, they often cannot become independent even in dressing and eating, whereas the severely retarded haved extremely limited economic usefulness but can learn self-care skills.

The prevalence statistics cited indicate that .1% of the population are dependent retardates and that 75% of all the mentally retarded (who total 3% of the population) may be classed as multi-handicapped, having at least one other disability.

Forman, M. Social intelligence and the institutionalized adolescent retardate: The influence of the informal social system. Mental Retardation, 1970, 8(2), 12-16. EC 501 222 ED N. A.

The hypothesis that the peer group has an important effect of motivating the institutionalized retardate was confirmed in an experimental group situation. Several retardates demonstrated improved social skills through the group dynamics.

Foshee, J. Rehabilitation services for the mentally retarded. Ideal Service Series, III Tallahassee, Fla.: State Department of Education, Division of Vocational Rehabilitation, 1968. 41p. EC 005 523 ED N. A.

An introductory chapter presents definitions of mental retardation and a description of general treatment principles. Succeeding chapters summarize and describe residential, vocational rehabilitation, and other services available in Florida for the retarded. The final chapter presents the rationale for and a description of the total community milieu. A list of over 30 references is included.

Fotheringham, J. B., et al. The retarded child and his family: The effects of home and institution. Toronto: Ontario Institute for Studies in Education, 1971. 115p. EC 040 477 ED 056 437

Two groups of retarded children and their families were studied longitudinally in order to determine the extent of family stress from having a retarded child residing at home. An institutionalized group of 116 children was compared with a community group of 38 children, matched on age. Each family was rated using the Family Functioning Scale on household practices, economic practices, care and training of children, family relationships and individual behavior and adjustment. Results of the study indicated that institutionalized children were more stressful to their families due to their low social maturity level and higher incidence of socially disruptive behaviors than children who remained at home. In addition, families who chose to institutionalize their children were found to be of a lower socio-economic status than families who kept their child at home. Family functioning did not improve over the course of the study year in families with institutionalized children. The authors found, however, that child functioning in the two living situations was comparable.

Frampton, M. E., & Gall, E. D. Special Education. Volume II. The physically handicapped and special health problems. Boston: F. Porter Sargent, 1955. 677p.

EC 011 487
ED N. A.

Current thinking and methods in special education as they relate to the physically handicapped and individuals with health problems are presented. The physically handicapped considered include the blind, the partially sighted, the deaf, the hard of hearing, the speech defective, the orthopedically handicapped, and the cardiopathic; special health problems examined include multiple handicaps, Hansen's Disease (leprosy), muscular dystrophy, tuberculosis, and those of the homebound and hospitalized. Various facets of the problems, the nature of the disorders themselves, and characteristics of the handicapped child are described. Psychological, emotional, and social implications are discussed.

Frampton, M. E., et al. Forgotten children: A program for the multi-handicapped. Boston: Porter Sargent, 1969. 287p.

EC 003 843
ED 029 416

Described is an experimental school unit which provides day and residential care for cerebral palsy blind children. During six years of operations the school's staff of 13 served a total of 30 children, with between 12 and 17 children enrolled at any given time. Of these children, all but six--who were found to be untrainable--progressed. Individual programs were developed for each child, with emphasis on his medical needs. Other aspects of the unit's services included physical therapy, use of the child's leisure time, personality and language development, group programs, and parent involvement. Recommendations for a total clinic and multi-focal school conclude the article.

Francis, S. H. The effects of own-home and institutional-rearing on the behavioral development of normal and mongol children. Journal of Child Psychology and Psychiatry, 1971, 12(3), 173-190.

EC 040 863
ED N. A.

Four groups of children, normal and mongol, were studied to determine the effects of own-home and institution-rearing on their behavioral development. The normal children were two years old; the mongol children were chronologically under four years of age and had a mental age of two years of less. Comparisons of the two groups of children (home and institution reared) took into account differences among children of the same chronological age, developmental levels, environmental factors such as toy availability, use of physical restraint, amount of social contact received, and alteration of environmental conditions on the behavior of institutionalized children. In general, results indicated that institution-reared normal and mongol children were

behaviorally more retarded than their home-reared counterparts of the same chronological age.

Fredericks, H. D. B. A comparison of the Doman-Delacato method and behavior modification method upon the coordination of mongoloids. Monmouth, Oregon: Oregon State System of Higher Education, Teaching Research Division, 1969. 179p. EC 032 372 ED 050 529

Seventy-two mongoloid children (ages 7 to 12) were randomly assigned to groups receiving either the Doman-Delacato method or behavior modification procedures with social reinforcement. At the end of nine weeks of treatment, post-test results showed no significant differences between the two treatments, although children receiving behavior modification demonstrated more improved coordination. Implications and recommendations for further study are outlined.

Fredericks, H. D. B., et al. Needs and concerns for special education in Oregon. Monmouth, Oregon: Oregon State System of Higher Education, Teaching Research Division, 1971. 83p. EC 041 348 ED 059 566

A needs assessment study was conducted in Oregon by the State Department of Education in order to determine the most pressing educational needs within each handicapped group as defined by law (blind, deaf, emotionally disturbed, and mentally retarded). Results are reported for each handicapped group and across groups by subject area including personnel, students, present services, administration, evaluation, and research. Included as a major portion of the document are the questionnaires used in conducting the study. The questionnaire was developed by the Oregon Board of Education in cooperation with Teaching Research staff and a special advisory board of professionals in the fields. The final questionnaire was submitted to a firm of professional pollsters who administered the form through oral face-to-face visits with superintendents, principals, teachers, professors, directors of special education, directors of institutions, parents, and special interest groups.

Friedlander, B. Z., et al. Automated psychological evaluation with severely retarded institutionalized infants. American Journal of Mental Deficiency. 1967, 71(6), 909-919. EC 002 317 ED N. A.

This article describes a means of assessing adaptive behavior in severely retarded, multiply handicapped institutionalized infants through the use of an automated operant behavior device (PLAYTEST) attached to an ordinary play pen. The effectiveness of PLAYTEST in examining the sensorimotor manifestations of attention, purposefulness, response

selectivity, and adaptive behavior was tested on two boys (ages 2.5 and 3.5) with mental ages below 10 months. Both subjects were unusually attentive to the toy over relatively long periods of time and acquired and maintained patterns of selective activity while successfully adapting this selective activity to changing conditions. Results of the study indicate that PLAYTEST procedures offer advantages in evaluating sensorimotor abilities in severely handicapped infants which may not be gleaned from more traditional methods such as normative developmental scales, numerical developmental quotients and other techniques typically used on "normal" children. The author emphasizes the difficulty of assessing severely handicapped children using existing methods and suggests that PLAYTEST allows the examiner to observe the skills and abilities rather than merely disabilities in the sensorimotor domain.

Furman, R. A., & Katan, A. (Eds.) The therapeutic nursery school: A contribution to the study and treatment of emotional disturbances in young children. New York: International Universities Press, 1969. 329p.

EC 004 833
ED 036 006

An educational program for preschool emotionally disturbed children is described in detail, and the role of the nursery school is discussed in relation both to children who received direct treatment and to a total child analytic program. A key feature of the program is treatment via the mother, and the underlying principles and techniques of this aspect of the program are given particular attention. The techniques employed with the children are also described, along with the educational program and efforts directed at developing verbalization. A chapter contains illustrative case reports, and another provides descriptions, evaluations and follow-up reports on children treated via the mother.

Gallagher, J. J., & Bradley, R. H. Early identification of developmental difficulties. Chicago: National Society for the Study of Education, 1972, 35p.

EC 050 447
ED N. A.

Early identification of developmental difficulties is based on an information processing model which distinguishes four major areas in an individual's total functioning: sensory reception, perceptual organization, cognitive processes, expression and control, and regulating mechanisms. Mental retardation is said to be a defect in cognitive processes (central processing), while emotional disturbances are thought to be defects in control mechanisms. The importance of solving measurement problems which hinder the accurate identification of early developmental difficulties is stressed, and the usefulness of various diagnostic instruments is discussed.

Gardner, J. M. (Ed.) Mental retardation 1970: Selected papers from the 94th annual meeting of the American Association on Mental Deficiency. Vol. 1. Theoretical papers. Washington, D.C.: American Association on Mental Deficiency, 1970.

EC 031 272
ED 046 183

Presented in this volume is a series of theoretical papers which deal with reform in mental institutions, ground rules for the application of behavior modification to an educational setting, the educational and training value of behavior modification, measurement of adaptive behaviors for programming in residential institutions, and the mental health technician in the psychological services.

Gardner, J. M., & Giampa, F. Behavioral competence and emotional behavior in mental retardates. American Journal of Mental Deficiency, 1970, 75(2), 168-9.

EC 03 1173
ED N. A.

The author examined the relationship between intellectual level and social and emotional behavior (SEB) in an institutionalized mentally retarded population. Two subjects were randomly selected from among the moderately, severely, and profoundly retarded groups in an institution and two judges recorded the frequency of their inappropriate SEBs (e.g., screaming, hitting) during a half hour recreation period. Eight 30 minute samples were obtained for the six subjects. The three groups of retardates did not differ significantly in inappropriate SEBs, leading to the conclusion that the independence of SEB from intellectual functioning points to the need for their conjoint measurement.

Gardner, J. M., & Selinger, S. Trends in learning research with the mentally retarded. American Journal of Mental Deficiency, 1971, 75(6), 733-738. EC 041 030 ED N. A.

This comprehensive bibliography of research literature on learning processes in mental retardation provides 856 references. Of these, 50% appear in journals concerned with mental retardation. Among the trends in research noted was the dramatic increase in the number of articles during the late fifties, followed by a leveling-off in the mid sixties. There has been a steady increase of articles applying behavior modification techniques in training programs with this population.

Gardner, W. I. Use of punishment procedures with the severely retarded: A review. American Journal of Mental Deficiency, 1969, 74(1), 85-103. EC 004 353 ED N. A.

Behavior treatment procedures involving aversive consequences have been used with increased frequency in training the severely and profoundly retarded. The author maintains that review of these studies suggests a cautious conclusion that aversive procedures may produce positive behavior change. There is also some evidence that side effects of negative emotional states and disruption of social relationships are not necessarily the results of punishment techniques.

Gardner, W. I., & Nisonger, H. W. A manual on program development in mental retardation. Guidelines for planning, development and coordination of programs for the mentally retarded at state and local levels. Washington, D. C.: American Association on Mental Deficiency, 1962. 192p. EC 003 829 ED N. A.

This manual contains guidelines for planning, developing, and coordinating programs for the mentally retarded at both the state and local levels. The roles of both state and local governments are discussed, as are the treatment roles of day and residential care and training facilities. Available diagnostic services are summarized, and concepts and problems in program development are presented. Perceived needs in the field are said to be in the areas of identification, treatment, and parent counseling services. A list of agencies directly involved in the provision of services to the mentally handicapped is included.

Garfunkel, F. Handbook of facilities for emotionally disturbed and socially maladjusted children and adolescents in Massachusetts and adjacent areas with additional coverage of facilities that serve children with learning disabilities. (Revised ed.) Boston: Boston University, Special Education Department, 1970. 269p.

EC 030 028
ED 043 154

All facilities that offer services to emotionally disturbed children in the Commonwealth of Massachusetts and some in Maine, New Hampshire, and Rhode Island are listed alphabetically. An index summarizes the following information for each facility: region and ages served, type of facility (center, clinic, school, or camp), the source of funds and whether the facility provides residential or day care. Individual listings for each facility provide more detailed information about the clients served, the purpose of the facility, the services offered, the staff, and the fees.

Garrison, M., Jr. The perceived adequacy of programming in mental retardation. Mental Retardation, 1970, 8(1), 2-6.

EC 501 023
ED N. A.

To obtain qualitative and quantitative data on the perceived adequacy of programs and services for the retarded and the needs in this field, a questionnaire was mailed by the President's Committee on Mental Retardation to approximately 3000 persons directly or indirectly involved in such programs. Of 18 service programs, only three concerned with the educable mentally retarded were rated above average. Among programs serving the severely retarded population, regional residential centers were rated by more than 50% as poor, while institutions were rated somewhat more favorably. Regarding needs in the field, contradictory positions were expressed across the states: comprehensive clinics are needed, yet mental health and mental retardation should be separate. Underscored is the need for an objective standard of adequacy.

Gelhart, B. P. A bibliography on Down's syndrome. Greeley, Colorado: Colorado State College, 1966. 7p.

EC 020 919
ED 019 806

Culling the literature between 1933 and 1965, this bibliography lists 85 books and articles dealing with Down's syndrome (mongolism). Biochemical and genetic factors as well as the development of the mongoloid child are among the topics covered.

Gellman, W. The integration of vocational services with existing treatment programs for emotionally disturbed adolescents in residential, group, and foster home placement. Chicago: Jewish Vocational Services, 1969. 105p. EC 005 963 ED N. A.

A three-year study to modify the vocational development of emotionally disturbed adolescents (ages 14 to 17) under the supervision of child care agencies and living in residential treatment centers or foster homes was carried out to examine the effectiveness of a vocational program in increasing academic and vocational skills. The objectives of the study included increased understanding of the emotionally disturbed adolescent's vocational problems; construction of a model relevant to facilitating vocational development; determining whether such a program should be introduced in early adolescence as opposed to late adolescence; and exploring the problems and prospects of integrating the services of child care and vocational agencies. The program consisted of diagnostic assessment periods, an individual two-year intervention program involving either a rehabilitation workshop or vocational counseling, and measurement and evaluation instruments and procedures. The relevance of the age factor in vocational programming, program impact, and interagency integration are discussed.

Georgia State Department of Education. Regulations and procedures: Programs for exceptional children. Atlanta: Georgia State Department of Education, Division of Special Education and Pupil Personnel Services, 1969. 43p. EC 004 738 ED 034 356

The Georgia State Department of Education provides support for a program for exceptional children. The relationship of the State and local school systems with regard to teacher approval and certification are discussed, a number of exceptionalities are defined and the programs and services for each are described.

Emotional disturbance is defined in terms of the person's inability to make or maintain a set adjustment to his everyday surroundings or the forces within himself. This inability is manifested most often in varying degrees of maladjusted reactions to peers and authority figures. Although the program of services for emotionally disturbed children provides separately for three categories of emotional disturbance (mild or temporary, chronic or more severe, and most severe), the levels of severity are not defined. Those in the most severe group are treated outside the public school system in either residential or special day care facilities.

The term "multiply handicapped" is defined as applying to those children with two or more physical disabilities. The remaining exceptionalities treated in the paper are not severe handicaps.

Gloss, G. G., Experimental programs for emotionally handicapped children in Ohio. Columbus: Ohio State Department of Education, Division of Special Education, 1968. 68p.

EC 003 742
ED 027 681

A number of experimental approaches have been used with emotionally disturbed children in Ohio's public school day care programs. These are displayed in a chart which describes seven types of programs including their goals, classroom orientation, teacher roles, structure and control. In particular, two techniques, the psychodynamic and behavior modification approaches, are explained, using examples and research reviews. Problems of identification and classification of the emotionally handicapped are discussed within the context of Quay's three behavioral dimensions: conduct disorders (unsocialized aggressive), inadequacy (behavioral immaturity), and personality (neurotic or affective). Eight major studies concerned with the prevalence of emotional disturbance prior to 1955 cite the incidence of severely disturbed children to range from 4% to 12%. Bower (1961) indicated that 10% of all school children seem to exhibit emotional problems that would interfere significantly with school progress and adjustment. Ohio's 20 research and demonstration programs are identified and described, including age level, program operations, number of units, and persons to contact for more information. A 90-item bibliography is provided.

Goldberg, I. I. Selected bibliography of special education. New York: Teachers College Press, 1967. 126p.

EC 030 053
ED N. A.

The bibliography lists basic selected references pertinent to the following fields of specialization: physically handicapped (general, crippled, hearing impaired, neurologically impaired, special health problems, speech handicapped, visually handicapped), mentally handicapped (general, slow learners, educable, trainable), gifted, emotionally and socially handicapped, and the habilitation of the mentally handicapped. A section of general references is also listed.

Goldfarb, W. Childhood psychosis. In P. H. Mussen (Ed.) Carmichael's manual of child psychology. Vol. II. New York: John Wiley & Sons, 1970. Pp. 765-852.

EC N. A.
ED N. A.

The comprehensive review of the literature is intended to present the state-of-the-art on childhood psychosis. In addition to providing a historical overview of the subject, the author discusses the classification, diagnosis and epidemiology of childhood psychosis. Attention is for the most part focused on childhood schizophrenia, and a large section of the paper reviews research and the development of theories on characteristics of

psychotic (and in particular schizophrenic) children. Other sections of the paper deal with the etiology and therapeutic management of psychosis in children. The various definitions of schizophrenia and autism which have been advanced by such researchers in the field as Kanner and Bender are discussed and compared. An extensive bibliography is appended.

Goldfarb, W., et al. A time to heal; corrective socialization: A treatment approach to childhood schizophrenia. New York: International Universities Press, 1969. 148p. EC 003 821 ED 027 694

The book defines and describes the socialization approach to the treatment of childhood schizophrenia, which is based on modifying the child's environment in order to allow him to close gaps in his maturation. The Ittleson Center for Child Research is discussed in detail, with particular attention paid to its therapeutic setting, the facilities, its structured environment and child-centered climate. Thirty-two case studies illustrate this treatment approach and various problems associated with the disease.

Goldstein, S. B., & Lanyon, R. I. Parent-clinicians in the language training of an autistic child. Journal of Speech and Hearing Disorders, 1971, 36(4), 552-560. EC 040 397 ED N. A.

The parents of a 10-year-old autistic boy were trained in using modeling-reinforcement procedures to improve the language skills of their child. They conducted 125 therapy sessions of 45 minutes duration, and were supervised after every five sessions. After this training definite improvements were noted in the child's language skills as well as in his initiative and ability to communicate both within and outside the home.

Golias, G. A. An adolescent rehabilitation program. Journal of Applied Rehabilitation Counseling, 1970, 1(3), 31-35. EC 030 960 ED N. A.

To test the value of a learning theory-oriented program, a four-year rehabilitation program was carried out with severely emotionally disturbed 12-17 year old chronic psychotics in a highly structured residential school setting. With the goal of modifying external behavior, treatment proceeded by incrementally building up socially conforming habits through token reinforcement of desirable behavior and demerits for unacceptable behavior. Based on an average length of stay of 10 months, the percentage of discharge was 88%, with 13% recidivism. The program was judged successful with this specific sample population.

Goodwin, C., & Goodwin, M. The lost children. Roche Medical Image and Commentary, 1970, 12(8), 14-17.

EC 030 793
ED N.A.

Pediatricians Mary and Campbell Goodwin studied the learning habits of mentally and physically handicapped children with particular emphasis on autism. In their work with 65 autistic children the authors found that these children were often misdiagnosed as retarded or schizophrenic, and that they were neither incurable nor uneducable as commonly believed. The Goodwins' research involved the use of the Edison Responsive Environment or talking typewriter as a diagnostic and therapeutic tool.

Gorham, P. Directory of services for handicapping conditions: services in suburban Washington, D. C. for persons with handicaps due to mental, physical, sensory, or special health conditions. Washington, D. C.: Metropolitan Washington Council of Governments, 1968. 146p.

EC 003 609
ED N. A.

This directory for parents and others who work with handicapped children provides information on facilities, services, and programs in suburban Washington, D. C. Separate listings of Maryland and Virginia agencies are arranged alphabetically as well as by handicapping condition and by services offered. For each agency the following are specified: telephone numbers, hours, acting directors, staff, whether public or private, fees, area served, admission procedure, referrals, waiting period, persons served, and services offered. Appended are lists of specific speech and hearing services and of other metropolitan area and national directories of specialized services.

Gorton, C. E., & Hollis, J. H. Redesigning a cottage unit for better programming and research for the severely retarded. Mental Retardation, 1965, 3(3), 16-21.

EC 001 441
ED N. A.

At Parsons (Kansas) State Hospital and Training Center, a cottage unit for 18 girls, aged 6 to 12, with IQs less than 25, was redesigned according to a cubicle system in order to facilitate social interaction of the girls and to delimit environmental space. In addition to the architectural modifications, a 12-session training program was conducted for aides in the application of reinforcement principles to a cottage setting. All residents received reinforcement training in self-care skills. After 18 months, all 18 residents achieved self-feeding (previously 9 did not spoon feed themselves); additional progress was made in other self-care skills over the three years of the study.

Grace, A., et al. Measurement of the educability of severely mentally retarded children. New York: New York University, School of Education, 1959. 113p.

EC 002 830
ED 002 839

A series of learning tests which would provide objective, quantified, predictive measures of educability, suitable for severely retarded children (IQ under 50) and which would relate test performance to significant aspects of life behavior were studied. Subjects selected for testing ranged in age from 5 to 11 years and had IQs under 50, with a mean of 36. Two rounds of tests were administered to both a pilot and a final sample. The battery of tests used for the final sample included five tests that were short, non-verbal, and not dependent on past experience. Results of analysis showed that the tests were appropriate to the ability of the subjects, able to arouse and hold their interest, and suitable for subjects with severe verbal and physical handicaps. Intelligence was found to exert a more significant effect on the scores of every test than did factors of age, time spent in school, sex, or medical diagnostic category. Also, the relationship between learning performance and intelligence level was significantly greater on every test than that of intelligence level and initial performance.

Graham, M. D. Multiply impaired children: An experimental severity rating scale. New Outlook for the Blind, 1968, 62(3), 73-81.

EC 003 775
ED N. A.

A severity rating scale based on the assignment of numerical values to various handicapping conditions was developed to determine the number of multiply-handicapped children who could be handled by a single teacher. The baseline from which the values were assigned is not given nor discussed in the article. The scale was used to estimate the academic loads for two successful residential schools for the blind, and the computed need for teachers was found to coincide closely with the actual number of teachers used. Use of the scale requires consensus among raters and is in need of refinement, since it can be no more sensitive than the tests used to assign weights to the children rated.

Graham, M.D. Multiply-impaired blind children: A national problem. New York: American Foundation for the Blind, 1967. 77p.

EC 002 768
ED 025 064

A 1966 survey of public and private institutions, agencies, and schools yielded a sample of 8,887 multiply-impaired (MI) blind children, an estimated two-thirds of the MI blind population. Half were totally blind, 83% had been blind before age 3 and about 56% were boys. Almost 63% had two or more additional disabilities (86.8% of those under the age of six); in

80% of the cases, mental retardation was a concomitant disability. Other disabilities were: speech problems (38%), brain damage (35%), emotional problems (17%), cerebral palsy (14%), epilepsy (14%), chronic medical problems (7%), crippling (5%), hearing impairment (11%), cosmetic defect (6%), orthodontic defect (4%), and cleft palate (1%). The estimated number of MI blind children in the U.S. is 15,000 with 300 more diagnosed each year. Early detection, alternatives to institutionalization, planning of services, professional training, and educational innovation are needed. Descriptive statistical data constitute one-half of the document.

Graning, H. M. Planning of facilities for the mentally retarded: Report of the Public Health Service Committee. Washington, D. C.: Department of Health, Education, and Welfare, Public Health Service, 1964. 27p. EC 003 045 ED N. A.

Basic definitions of services and facilities needed by the mentally retarded, principles for planning, and an outline of procedures for planning are the major considerations of a report dealing with the planning of facilities for the mentally handicapped. A discussion of the need for planning introduces a determination of the basic services necessary for a continuum of care. These include diagnostic, treatment, educational, training, personal care, and sheltered workshop services. The primary types of facilities indicated are diagnostic clinics and day, residential, and group home facilities. Basic principles for planning are explained and procedures detailed (coordination, organization, data gathering, measuring need, geographic area delineation, and priorities).

Graziano, A. M. A group treatment approach to multiple problem behaviors of autistic children. Exceptional Children, 1970, 36(10), 765-770. EC 006 197 ED N. A.

A four-year project was carried out to determine whether a group of severely autistic children, who had previously resisted all treatment, could be significantly helped. In a group day-care setting, children received a part-time program which began with reinforcement of a high rate of response to staff workers and moved through selective reinforcement of increasingly adaptive behaviors. At the end of the four-year period, the children were interacting in class and in cooperative, verbal, social situations for four hours daily. In addition to showing that severely psychotic children can learn social behavior, academic achievement, and self-control, and can be taught to use language, the project also demonstrated that nonprofessionals can be trained to function competently as therapists for children in a behavior modification group program.

Graziano, A. M. (Ed.) Behavior therapy with children. Chicago: Aldine-Atherton, Inc., 1971. 458p.

EC 041 109
ED M. A.

This collection of 39 papers concerning behavior therapy with children includes two sections of particular relevance to this study: on shaping social behaviors of severely retarded patients and another devoted to modification of psychotic behavior in schizophrenic, autistic and psychotic children. In the first of these sections, all authors report positive results in changing various behaviors of retardates. In the second, success is reported on the use of aversive control of self-injurious behavior in psychotic children. The following seven chapters deal with school and mild conduct behaviors. The concluding section includes a discussion of behavior modification implications.

Gray, R. M., & Kasteler, J. M. The effects of social reinforcement and training on institutionalized mentally retarded children. American Journal of Mental Deficiency, 1969, 74(1), 50-56.

EC 004 348
ED M. A.

Older men and women were employed as "foster grandparents" to give love, individual attention, and individualized training using methods of imitative learning and reinforcements in order to increase social competence. Results of the project indicated that under these conditions institutionalized retarded children reached higher levels of social competence. Paraprofessionals and volunteers can provide this type of intervention.

Green, M. The team approach in home care of mentally retarded children. Child Welfare, 1972, 51(3), 178-181.

EC 041 360
ED M. A.

The Home Care program of the Children's Aid Society of Metropolitan Toronto is an experimental program utilizing a team approach to develop maximum potential for preschool mentally retarded children in foster homes. The program is staffed by seven-member teams including a leader, two social workers and a minimum of four volunteers. An agency person assesses the child and helps the foster parent carry out a home instruction program of planned daily activities. Testing and assessment instruments have been devised to gauge the child's development in self-help skills, motor development and perceptual motor skills. Mentioned in the article are the training of staff and volunteers and the recruitment of foster homes.

Green, P. B. Identifying emotional disturbance in hearing impaired children. Teacher of the Deaf, 1972, 70(415), 380-388.

EC 050 028
ED N. A.

Rutter's (1965) classification of emotional disturbance in children includes the following nine types of disorders: neurotic; anti-social or conduct; mixed syndrome; developmental; hyperkinetic; child psychosis; psychosis developing at or after puberty; mental subnormality; and educational retardation. The theoretical and practical problems in defining these categories are discussed, elaborating on the usefulness of two diagnostic techniques: Rutter's Child Behavior Scales and Scott's Bristol Social Adjustment Guide. The latter is a simple recording method by which teachers or observers can use non-technical language to describe behaviors for the information of psychologists or psychiatrists. Scott's BSAG was the first commercially available instrument for use with deaf, emotionally disturbed children, and has been successfully used in research studies by Fisher (1965) and Hine (1970). The remainder of the article describes assessment procedures at the Larchmoor School in England and provides statistical data and analysis regarding the school's population.

Greenberg, A., & Mayer, M. F. Group home care as an adjunct to residential treatment. Child Welfare, 1972, 51(7), 423-435.

EC 042 199
ED N. A.

The group home, consisting of a single family dwelling with four to five children living with a couple, was used as a transitional step for 59 emotionally disturbed children who had been discharged from residential care treatment between 1965 - 1969. Although improved, they were not yet ready to be received in their own families. While 18 of these children did not adjust well, the group home experience was beneficial for 41 of the 59 children.

Greene, F. L., et al. Resources for professionals involved with the education or treatment of multi-impaired, visually handicapped children. RMSEIMC bibliographic series, volume II. Greeley, Colo.: Rocky Mountain Special Education Instructional Materials Center, 1969. 64p.

EC 005 968
ED 042 285

References are cited dealing with the following handicaps concomitant with visual impairment: physical handicaps, mental retardation, hearing impairment, speech impairment, educational handicaps and emotional disturbance. Items concerning vocational rehabilitation of the multiply handicapped visually impaired are also included. Teacher resources in both medical and educational areas are provided.

Grinker, R. R. (Ed.), et al. Psychiatric diagnosis, therapy, and research on the psychotic deaf. Final report. Chicago: Michael-Reese Hospital and Medical Center, Institute for Psychosomatic and Psychiatric Research and Training, 1969. 121p. EC 030 041 ED 043 166

This report describes and presents the findings and recommendations of an extensive research and demonstration project for the deaf mentally ill. The overall goals of the project, the therapeutic procedures used in its inpatient and outpatient facilities, and the diagnostic studies conducted under its auspices are also described. In 58% of the cases the precipitation of psychiatric illness was found to be related to: (1) separation or loss or threat of loss of dependency on persons or institutions; (2) physical injury leading to behavioral characteristics; or (3) lack of motivation and severe ego defects. In addition to establishing inpatient and outpatient facilities in the state mental health system for deaf mentally ill children and adults, the purposes of the project were to: (1) gain experience and knowledge needed to provide adequate and appropriate therapy for such persons; (2) train professional personnel in the application of therapeutic processes; and (3) develop test hypotheses for research both in cognitive processes and in prevention and rehabilitation techniques. A listing of project publications is included.

Gritzka, K., et al. An interdisciplinary approach in day treatment of emotionally disturbed children. Child Welfare, 1970, 49(8), 468-472. EC 03 0532 ED N. A.

The Child Psychiatric Day Care Unit of the University Hospital at the University of Washington (Seattle) provides an interdisciplinary approach for the care of psychotic children, aged 2 to 11 years. One of the objectives of the program, which meets four days a week, six hours daily, is to increase the parents' ability to understand and manage the child through family therapy. Information is provided about the staff (psychiatrist, psychologist, social worker, nurses, occupational therapist, teachers), patients, treatment, and work with parents.

Gruber, K. F., & Moor P. M. (Eds.) No place to go: A symposium. New York: American Foundation for the Blind, 1963. 89p. EC 002 889 ED N. A.

The blind retarded child is discussed in terms of potentialities of family-oriented counseling, factors affecting development and appraisal (behavior mannerisms, and developmental and communication problems), appraisal and evaluation (psychological, medical, neurological), and the child in school. The curriculum, administration policy, and dialogue between student and teacher are also described. Appendices include case studies, psychological measurements, and a suggested day's

program.

Guess, D., Rutherford, G., & Twichell, A. Speech acquisition in a mute visually-impaired adolescent. New Outlook for the Blind, 1969, 63(1), 8-14. EC 500 066 ED N. A.

Presented is a case history of speech acquisition in a 16-year-old institutionalized, severely retarded, visually handicapped boy. The program included 10 months of intensive speech therapy with token reinforcement and rewards later redeemed for money. Unusual aspects of the study were the relatively late chronological age at which the subject started talking and the rapid rate at which he developed speech. Rapid success and improvement were attributed to the subject's keen ability to make auditory discriminations and his good receptive language. Implications of the case include the need to examine more carefully the speech and language skills of multiply-handicapped children in residential centers and the need for more research into various organismic parameters which might contribute significantly to the success of this type of program. Speech programs should also take into account the visually impaired child's heightened ability to make auditory discriminations.

Guidelines for the development of special education programs in Iowa. Des Moines: Iowa State Department of Public Instruction, 1970. 58p. EC 050 058 ED 067 790

In response to the requirement that Iowa public schools provide special education to all handicapped children, this booklet provides explanatory material on the incidence, identification, and nature of impairment for a number of handicapping conditions, including mental retardation and emotional disturbance. No discussion or definition of severe or profound mental retardation is provided. Emotional disturbance is defined as the inability to develop or maintain satisfactory intrapersonal or interpersonal relationships. Incidence of emotional disturbance cited by the study vary from 2 to 12%; however, the State of Iowa bases its planning on a projected incidence of 3%. Mental disorders are classified in two groups: those associated with impairment of brain tissue function, including acute and chronic brain disorders, psychotic, psycho-neurotic, and personality disorders, and those with no clearly defined physical cause or structural change in the brain.

Guidelines for implementation of the pilot program for emotionally disturbed children. Texas Education Agency, 1971. 210p. EC 000 072 ED 011 415

Among the issues addressed in this booklet are the legal and

functional definitions of emotional disturbance. According to the legal definition, the term "emotionally disturbed children" will be construed to include any child whose emotional condition is medically and psychologically determined to be such that he cannot be adequately educated in the regular public school classes without the provision of special services. Functionally defined, emotionally disturbed children are those 17 years or younger who evidence inability to relate realistically with the public school program and who are unable to function near capacity mentally, socially, and emotionally. Determination of emotional disturbance will be made psychologically and medically upon referral by school personnel.

Guldager, L. Progress in education for deaf-blind children. Education of the Visually Handicapped, 1971, 3(1), 18-21. EC 031 953 ED N. A.

Following the passage of Title VI of the Elementary and Secondary Education Act, a great deal of progress has been made in the treatment and care of deaf-blind children. Addresses of the 10 regional centers, and the states to which they offer comprehensive consultative and diagnostic services, are listed.

The accepted definition of the deaf-blind child states that this term includes any child "who has both auditory and visual impairment, the combination of which causes such severe communication and other developmental and educational problems that he cannot properly be accomodated in Special Education programs either for the hearing handicapped child or the visually handicapped child."

Guldager, L. Using video tape in the education of deaf-blind children. New Outlook for the Blind, 1972, 66(6), 178-182. EC 042 077 ED N. A.

This discussion of the use of video tape in both teacher education and child instruction involving deaf-blind children advocates that teachers, not video tape specialists, should have primary responsibility for software design. In personnel training, this medium is shown to be useful for teacher self-evaluation, teacher training, activities of children for evaluation and illustration purposes, and in-service training. As a teaching aid, video tape use is discussed in relation to language development, programmed instruction, auditory training, and speed reading. Numerous aspects of video tape use are also discussed.

Guppy, R. W. The needs of the multiply-handicapped deaf child and the preparation of the teacher. Teacher of the Deaf, 1972, 70(415), 373-380. EC 050 027 ED N. A.

Discussed are the educational needs and limitations of the mentally retarded deaf child and program considerations in teaching such children. A focal point of the presentation is the opinion that mental retardation is frequently a greater handicap than deafness in the multiply handicapped child. Typical learning characteristics of the retraded deaf child are listed and the following teaching aims are presented: development of personal adequacy and social adequacy; and helping the child to know himself, his abilities, and his limitations. Emphasized is the need to adapt the classroom and curricula to meet student needs. Additional comments concern the details of social training and a structured teaching approach to language and communication.

Hairston, E. E. Project D.E.A.F. final report. Columbus, Ohio: Goodwill Industries of Central Ohio, 1971. 40p.

EC 042 137
ED 063 702

The introduction, background, purpose, clientele, methodology, and activities of Project D.E.A.F. are described. The project, operated under a grant from the Rehabilitation Service Administration in cooperation with the Ohio Bureau of Vocational Rehabilitation, represented an expansion of Goodwill Industries' rehabilitation program and offered comprehensive vocational rehabilitation service to deaf and hard of hearing persons, including those with multiple handicaps, 16 years of age and older. The majority of the 206 clients served during the period from June 1968 to April 1971 functioned below the first grade level. Services offered included personal and work adjustment, counseling, communication skills development, driver education, work evaluation, and recreation.

Hall, S. M., & Talkington, L. W. Trends in programming for deaf mentally retarded in public residential facilities. Mental Retardation, 1972, 10(2), 50-52.

EC 041 684
ED N. A.

A survey was conducted of 62 state public residential schools for the deaf and 169 public institutions for the mentally handicapped to assess the quantity and kind of residential programs available for the deaf mentally retarded. Results indicated that, if placed in a public institution, the deaf mentally handicapped person had a 10 to one chance of being placed in an institution for the retarded and a 30% chance of finding a program for the deaf mentally handicapped.

Hall, S. M., & Talkington, L. W. Evaluation of a coordinated programming effort for deaf retarded. Journal of Rehabilitation of the Deaf, 1973, 6(3), 41-45.

EC 050 571
ED N. A.

A coordinated pre-vocational, recreational, and residential living intervention program was instituted for 18 aurally handicapped male residents of a public facility for the mentally retarded (mean IQ 62.7, hearing loss of 60 dB or greater in better ear). Eighteen normally hearing retarded controls were matched on age, IQ and length of institutionalization. Experimental subjects were moved to a residential cottage designed for their hearing impaired condition, which included visual aids, amplification, and staff trained in manual communication and behavior modification techniques. Subjects were trained in manual communication, prevocational and vocational skills, functional academics, and self care and daily living skills. Results of the study indicated that subjects had increased the average number of signs in their vocabulary and had made significant improvement

in grooming, communication, academics, recreation, responsibility and social skills.

Hall, W. F., & Siesverda, D. Workshop in the education of the exceptional child. Tempe, Arizona: Arizona State University, 1972. 97p. EC 050 466 ED 071 229

Criteria for identifying characteristics of various handicapping conditions (such as, educable and trainable mentally retarded, emotionally disturbed, and disabled) developed in the course of this workshop are presented. Of particular interest are the following descriptors or behavioral characteristics of emotionally handicapped children: inability to learn which cannot be explained by intellectual, sensory, or health factors; inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feeling under normal conditions; general, pervasive mood of unhappiness or depression; and a tendency to develop physical symptoms, pains, or fears associated with personal or school problems. The population of concern also includes the aggressive child, the over-anxious child, and the withdrawn child. Teacher characteristics, curriculum, behavior modification screening procedures, and inter-agency cooperation were among the topics covered in the workshop.

Hallet, P., et al. A language-based curriculum for the mentally retarded. Mental Retardation, 1971, 9(6), 9-12. EC 041 084 ED N. A.

Described is a program utilizing a language-based curriculum guide developed under a Rhode Island State grant, used in teaching 30 severely and profoundly mentally retarded students in two day care centers. The major objective of the guide was to develop functional language using experiential activities based on the normal sequence of language development. Students were screened and divided into three groups based on living and language abilities. Each group rotated daily through language, fine motor and gross motor periods. Although the report states that the guide provides for assessment, no evaluation data regarding the effectiveness of the program are provided.

Halpern, A. S., & Equinozzi, A. M. Verbal expressivity as an index of adaptive behavior. American Journal of Mental Deficiency, 1969, 74(2), 180-186. EC 004 567 ED N. A.

A comparison of verbal expressivity and intelligence as differential predictors of level of adaptive behavior for a sample of mentally retarded subjects demonstrated support for the hypothesis that these are independent variables which predict different aspects of adaptive behavior. As could be expected, IQ

was found to predict those aspects of adaptive behavior related to academic success, while VES predicted those related to skill in communication.

Hamblin, R. L., et al. Structured exchange and childhood learning: The severely retarded child. Activity 12. St. Ann, Missouri: Central Midwestern Regional Educational Laboratory, 1967. 101p. EC 004 797 ED 036 002

One half million children in the U. S. suffer from severe emotional disturbance; among these, approximately 10,000 are autistic. While rare, autism is stated to be as common as, or more common than, blindness or deafness (West, 1965). The two cardinal symptoms of autism, "extreme self-isolation" and "perseveration of sameness," (Kanner, 1968, and Kanner and Eisenberg, 1955) are the basic characteristics used to define the population in the Social Exchange Laboratory. Autism is seen as "a set of habitual response patterns maintained and intensified by exchanges which are inadvertently structured by others in the child's environment." Thus exchange therapy reverses or replaces the fundamental autistic habit patterns following a seven stage process in which food plays a major role. The non-residential program also trains the parent as an assistant therapist in the laboratory and at home. Within six to eight months the children are placed in a classroom situation. Procedures used in the laboratory are expanded and described with case histories, therapist procedures, and exchanges between the therapist, child and parent, all set in the context of social exchange theory.

Hammer, E. K. Deaf-blind children: A list of references. Austin, Texas: Texas University, Department of Education, 1969. 63p. EC 005 373 ED 040 520

Listed are references from journals, newspapers, and professional reports dealing with various aspects of the deaf-blind child.

Hammer, E. K. Area centers for services to deaf-blind children in Arkansas, Louisiana, Oklahoma, and Texas. Final report: Planning year. Dallas: Collier Hearing and Speech Center, 1970. 33p. EC 030 625 ED 044 002

Within the states indicated in the title a survey was conducted to determine the prevalence of the deaf-blind and to assess their educational needs. Information obtained from 279 teachers, 85 United Fund agencies, 12 caseworkers, 20 education service centers, and 10 parents resulted in identifying 454 deaf-blind children and adults. The following incidence and placement statistics were reported: 12 children in day school; 22 children in residential schools for the blind; 142 children in

residential schools for the mentally retarded; and 312 deaf-blind children at home.

Handford, H. A., & Ward, A. J. Structural therapy: A developmental approach to the treatment of early infantile autism. Schizophrenia, 1969, 6(4), 243-248. EC 005 858 ED N. A.

A theoretical discussion of the use of structural therapy with autistic children is presented, together with the role of reinforcement in various phases of treatment.

The handicapped child in our community. Ellicott City, Maryland: Howard County Commission for Handicapped Children, 1972. 87p. EC 042 352 ED 064 820

Results of two surveys are presented. The first, a county-wide census, was conducted to determine the number and types of handicapped children; the second, a survey of 25 agencies, was conducted to assess the programs available and the need for additional services.

The definition of handicapped children used by the Commission was that of the 1960 White House Conference on Children and Youth: "A handicapped child is a child who cannot play, learn, work or do things other children his age can do; or who is hindered in achieving his full physical, mental and social potential whether by a disability which is initially mild but potentially handicapping or by a serious disability involving several areas of funciton with the probability of life-long impairment."

According to the data collected in this particular community, there is, on the average, one handicapped child per family and most of these children suffer from more than one handicap. Another finding cited is that boys demonstrate a greater frequency of handicaps than girls.

However, the procedures followed in conducting the survey make these data suspect. The sample consisted of a very limited number of families selected primarily from Public Health Service lists, and the data was obtained from a mailed questionnaire on which the parents were merely asked whether or not there was a handicapped child in the home. No validity check to verify the data was carried out because of limited funding.

Happ, F. W. Teaching aids for the mentally retarded child. Mental Retardation, 1967, 5(4), 33-35. EC 002 008 ED N. A.

A variety of teaching aids and techniques for use with mentally retarded children are described, and a book, a catalog and two films illustrating such aids and techniques are cited. The devices selected for discussion include those with startle elements for use with passive children, those with combined stimuli designed specifically for use with hyperactive children, and those for teaching perceptual motor skills and sensory perceptual skills.

Harris, G. A. The identification of deaf-blind school-age individuals in Michigan. American Annals of the Deaf, 1972, 117(3), 386-388. EC 041 968 ED N. A.

Through a state-wide survey requested by the Michigan Department of Education, 52 deaf-blind persons (ages birth to 25 years) in need of special education programs for both impairments were located. This represents an incidence rate of 12 deaf-blind per million persons under 24 years of age. A special education program for a third major handicap (mental retardation) was required for an additional five deaf-blind individuals. The study resulted in recommendations regarding appropriate evaluation procedures (including diagnosis and prescriptive programming), appropriate educational programs and services for this group, and special provisions for the deaf-blind individual with serious multiple handicaps.

Harshman, H. W. (Ed.) Educating the emotionally disturbed: A book of readings. New York: Thomas Y. Crowell Co., 1969. 490p. EC 004 084 ED 031 020

Included are readings on education for the emotionally disturbed in the following areas: problems the emotionally disturbed pose for the schools; approaches to educating the emotionally disturbed; educational theory; the establishment of day classes within regular schools; residential centers; and curricula and techniques for educating the disturbed.

Hartung, J. R. A review of procedures to increase verbal imitation skills and functional speech in autistic children. Journal of Speech and Hearing Disorders, 1970, 35(3), 203-217. EC 006 392 ED N. A.

After emphasizing the importance of establishing verbal behavior in nonspeaking autistic children, the author proceeds to discuss the theoretical bases and procedures of verbal conditioning. The discussion includes the role of imitation in learning functional speech, the stages

and trends in conditioning verbal repertoires, and methods of teaching the child to progress from imitation to naming, to answer questions, establish phrases, and finally to condition and generalize appropriate speech.

Hatlen, P. Proceedings of a special study institute: Conference for teachers of deaf-blind children. Sacramento, California: Southwestern Regional Deaf-Blind Center, 1971. 84p. EC 032 615 ED 051 615

Seven conference papers presented at the special study institute for deaf-blind teachers cover such topics as: diagnosis and evaluation of deaf-blind children, normal language development, and stimulating the hearing, vision, and motor development of deaf-blind children. Implications for future planning in this field are also discussed.

Haviland, R. T. A stimulus to language development: The institutional environment. Mental Retardation, 1972, 10(2), 19-21. EC 041 676 ED N. A.

The stimulus environment of institutions for the mentally retarded is examined in terms of its effect on speech development. Appropriate visual, auditory, and tactile kinesthetic stimuli are suggested, along with recommendations for the removal of inappropriate stimuli. The role of attendant personnel in such programs is outlined, and the total program is related to the Standards for Residential Facilities for the Mentally Retarded, developed by the American Association on Mental Deficiency.

Hayes, G. A. The integration of the mentally retarded and the non-retarded in a day camping program: A demonstration project. Mental Retardation, 1969, 7(5), 14-16. EC 004 522 ED N. A.

Described are the procedures and results of a demonstration project integrating the institutionalized mentally retarded and the non-retarded community in a day camping program. The subjects involved in the project were observed for six specific kinds of behavior: cooperation, interaction, parallel play, self-initiated activity, non-activity, and aggression. The findings suggest that the mentally retarded are capable of functioning and interacting with the non-retarded in a recreational program.

Hayes, G. M., & Griffing, B. L. A guide to the education of the deaf in the public schools of California. Sacramento: California State Department of Education, Bureau for Physically Handicapped Ex- EC 002 566 ED 022 294

ceptional Children, 1967. 69p.

The bulletin addresses a number of areas related to the education of the deaf including: causes, types, and incidence of deafness; teacher preparation; evaluation, testing and placement; educational goals, curriculum, materials, and equipment. Criteria for defining multiply handicapped children such as the mentally retarded deaf, the blind deaf, the emotionally disturbed deaf, the cerebral palsied deaf, and the aphasic deaf child are provided. Schools and institutions in Californai serving the multiply handicapped are listed with addresses.

Heber, R. Epidemiology of mental retardation. Springfield, Ill.: Charles C. Thomas, 1970. 119p. EC 030 374 ED 043 976

Figures on the incidence across age groupings, geographical variations within the United States, racial and ethnic variations, economic class distributions, family variations, and population distributions, family variations, and population distribution in institutions are presented in this international study of the prevalence of mental retardation. Statistics are also provided in areas of specific diseases and conditions associated with mental retardation such as prenatal and postnatal infections (both known and unknown), intoxications, trauma or physical agents, and metabolism or growth effects. The epidemiological data is presented in 77 tables and 21 illustrations.

Henley, A. Demon in my view. New York: Trident Press, 1966. 181p. EC 031 906 ED N. A.

The text deals with the treatment of emotionally disturbed children at the Montanari Residential Treatment Center and Clinical School (Florida). Montanari is presented as a man with no formal training, who refuses to adhere to set rules, but whose warmth and understanding of children results in dramatic improvements. Case studies and anecdotes are included.

Hermelin, B., & Frith, U. Psychological studies of childhood autism: Can autistic children make sense of what they see and hear? Journal of Special Education, 1971, 5(2), 107-117. EC 041 619 ED N. A.

A series of psychological experiments on perception, memory, and language were carried out in order to explore the psychopathology of childhood autism. The results show that autistic children have difficulties in perceiving meaning or structure in meaningful and ordered sequences. They behave similarly with both meaningful and meaningless material and with structured and unstructured material. It was found that their

typical response pattern was the same as the pattern normaly found only in random or unstructured situations.

Hewett, F. & Blake, P. Teaching the emotionally disturbed. In M. M. W. Travers (Ed.) Second handbook of research on teaching. Chicago: Rand McNally & Co., 1973. Pp. 657-688.

EC N. A.
ED N. A.

In an extremely comprehensive review of the research on teaching emotionally disturbed children, the authors treat definition and classification of emotional disturbance, incidence, and identification, and review

relevant research in the three major areas including classroom conditions (environmental design, classroom climate, grouping procedures, curriculum, instruction, and management), teacher competencies, and supportive operations involving work with parents and psychotherapy. Although the authors do not deal directly with the issue of severity, the chapter is an extremely useful overview of research in the field. In contrast to the emphasis on experimental studies in mental retardation (Blatt and Garfunkel, 1971) the authors maintain that research on teaching the emotionally disturbed has been largely conducted through experience and observation and only rarely verified using experimental methods.

Higginbotham, J. M. Closed circuit TV with handicapped children. Final report. Orlando, Florida: Gateway School, 1971. 71p.

EC 040 601
ED 056 456

This paper describes the use of closed circuit television (CCTV) in a three-year program designed primarily to help emotionally disturbed children (CA 6-13 years) develop skills and knowledge necessary for participation in regular school. Also included are a description of the program's information dissemination mechanisms and a summary of an evaluation which focused on the contribution made by the use of CCTV to the school's entire educational program. The evaluation proceedings demonstrated the difficulty of attributing behavioral change to the CCTV program, although staff are reported to have felt that the program was helpful in changing the children's behavior. Four individual case studies are also included.

Hill, J. P. (Ed.) Minnesota Symposia on Child Psychology. Volume 1. Minneapolis: The University of Minnesota Press, 1967. 239p.

EC 003 473
ED 032 661

A program of reinforcement therapy in which ten schizophrenic and autistic children participated is described and its results are delineated. In general, the findings showed that as appropriate behaviors were strengthened by reinforcement,

self-stimulatory behaviors decreased. The program included a component in which parents were taught to apply the reinforcement training procedures in the child's day-to-day life.

Hingtgen, J. N., & Bryson, C. Q. Recent developments in the study of early childhood psychoses: Infantile autism, childhood schizophrenia, and related disorders. Schizophrenia Bulletin, 1972, 5, 8-54. EC 042 630 ED N. A.

Recent developments in the study of early childhood psychoses are reviewed in terms of description, diagnosis, intellectual functioning, language characteristics, perceptual processes, neuro-biological research, therapeutic procedures and theoretical positions. The discussion of description and diagnosis points out the similarity of symptomatology descriptions for all forms of psychoses despite the variety of diagnostic classifications.

Hirshoren, A., et al. A survey of public school special education programs for emotionally disturbed children. Champaign-Urbana, Illinois: Illinois University, Department of Special Education, 1970. 71p. EC 032 425 ED 050 540

Special education officials in each of the 50 states participated in a survey to determine the current status of special education programming for emotionally disturbed children. The data collected were tabulated according to definition and terminology, prevalence, services available, case load and class size, diagnosis and placement, administrative organization, and success of program, for the country as a whole as well as by geographic region. Following a review of related research since 1960, findings of the survey were presented. These indicate that from 0.05% to 15% of all children between 5 and 19 years, or 1,200,000 children, are emotionally disturbed. Mackie (1969) conservatively estimated that 2% of this age group are emotionally disturbed, whereas Page (1965) estimated a 1% frequency of such problems.

The authors found no generally accepted definitions of emotional disturbance in the literature; most of those cited were operational in nature. Of the six terms used to characterize this population, the three major criteria were achievement, behavior, and adjustment. The lack of any accepted definition was judged to be the greatest weakness in research on emotional disturbance. Analysis of the definitions used in each state revealed very little similarity. Furthermore, in the majority of the states, diagnoses are made without qualified psychiatric examinations. Only a small percentage of emotionally disturbed children needing special services are receiving them, and these are generally provided by the LEA's. However, many of these children are refused entry into the schools because it is felt

that they cannct profit from the educational experiences offered by the schocl, or because they are so disruptive that they would interfere with the educaticnal prcgram for cther children.

Hoffman, H. J. Evaluation of selected aspects of Project 750. Final report. Waltham, Mass.: Brandeis University, Florence Heller School for Advanced Studies in Social Welfare, 1969. 139p. EC 041 903 ED 061 695

Reported are the results of an evaluation of Project 750, which examined the program primarily from an administrative point of view. The project is described as providing funds to private schools which serve emctionally disturbed students so that those who are severely tc moderately disturbed may be removed from regular classes and receive treatment. Statistics on numbers of children served and numbers improved are given, and both administrative and programmatic recommendations are made. A discussion cf costs in state institutions versus private schools is included and private schools are found to be less expensive.

Hoffman, H. J. Resources and referral handbook: Project 750. Waltham, Massachusetts: Brandeis University, 1969. 71p. EC 005 595 ED 039 665

Included in the handbcck are one-page descriptions of private schools for emcticnally disturbed children in New England. Each entry provides the following information: approximate enrollment, type of school, age ranges accepted, program and curricula, criteria for rejecting students, and types of children whc seem to be least and most successful at the school. Many cf the programs will not accept seriously disturbed children, the psychotic, those unable to function in a classroom setting, and the retarded.

Hollis, J. H. Development of perceptual motor skills in a prcfoundly retarded child. Part I, prosthesis. American Journal of Mental Deficiency, 1967, 71(6), 941-952. EC 002 314 ED N. A.

Operant conditioning techniques were used to develop simple perceptual motcr skills in an institutionalized 11 year old girl with a Vineland social quctient of 10. She was diagnosed as having severe develcpmental deficits. She exhibited no verbal behavior or changes in facial expression and did not respond to candy or cther stimuli as reinfcrcers. Ogden Lindsley's operant behavioral equation was used to diagram the behavioral analysis and careful diet control was initiated to insure the feasibility of food as a potential reinforcer. The operant reflex was given external support by building the missing components in the behavioral equation, consisting of the antecedent event (stimulus), movement (respcnse), arrangement (contingency), and

subsequent event (consequence). The prosthetic techniques successfully taught the child to reach, contact, grasp, and hand the stimulus object to the experimenter. Three subsequent experiments were successful in developing high level proficiency on bent-wire and patterned string problems with the subject's right or left hand.

Hollis, J. H. Development of perceptual motor skills in a profoundly retarded child: Part II, consequence change and transfer. EC 002 316 ED N. A.
American Journal of Mental Deficiency, 1967, 71(6), 953-963.

An 11 year old severely retarded girl (see previous study) was shifted from a continuous reinforcement schedule (CRF) to a fixed ratio schedule with little decrement in performance from the CRF baseline. However, both satiation, which occurred on the 40:1 ratio, and lack of reinforcement were associated with a drop in the subject's performance to near zero. In a second experiment using the Bent-Wire problems, which tested for bilateral transfer with four hand-eye combinations, there was near zero transfer from the right to the untrained left hand whereas skill developed with the left hand transferred better than 90% to the right. These experiments demonstrated that contingency and consequence change did not reduce a retarded child's perceptual motor performance and that bilateral transfer of perceptual motor skills was successful when there was an intact operant reflex in the dominant limb.

Hollister, W. G., & Goldston, S. E. Considerations for planning classes for the emotionally handicapped. Arlington, Va.: Council for Exceptional Children, 1962. 34p. EC 003 584 ED N. A.

Visits, interviews, and descriptions of 68 classroom programs were used to develop a taxonomy on procedures and considerations in conducting classes for emotionally disturbed children. Administrative processes; pupil screening and diagnostic processes; planning, placement and continuous assessment processes; classroom operation; processes of relationship building, motivation development, perceptual retraining, behavior management, behavior re-education, academic education, and rehabilitation to the regular classroom; and supporting operations of the clinician-educator liaison and school-home liaison are discussed. An appendix lists the public and private schools in 13 states whose descriptive program reports were reviewed.

Homebound services for retarded children in Wisconsin. Madison, Wisc.: Wisconsin Department of Public Instruction, Bureau for Handicapped Children, 1967. 6p. EC 003 948 ED N. A.

Philosophy, policies, and implementation of homebound instruction and training of mentally retarded children in Wisconsin are described; 39 references for instructors are listed.

Humphrey, M., et al. Special report: Programs and trends in Europe for the mentally retarded. Washington, D. C.: President's Committee on Mental Retardation, 1968. 4p. EC 003 781 ED N. A.

Residential facilities designed for long-term care, daytime activity centers which serve both the social and vocational needs of retarded individuals of all ages, and personnel training programs were studied in Great Britain, Denmark, Sweden, and France. Denmark and Sweden have developed comprehensive, tuition free high school training programs, designed to produce highly specialized child care workers, which last three years and offer both classwork and practical training. Denmark is well ahead in developing programs for care and training, having passed legislation in 1959 making the education of all retardates between the ages of 7 and 21 mandatory. In Sweden, where a registry of the number and needs of disabled persons has been maintained for almost 100 years, programs stress the importance of separating retardates by IQ, type of illness, and age, even to the inclusion of separate wards for infants. Sweden has also attempted to integrate nurses into work with retarded people. In England the various regions tend to work independently, have larger institutions, and lack training programs for ward aids and house parents.

Hurder, W. P. Overview of research and education of handicapped children: The U. S. A. in the sixties. Urbana, Ill.: University of Illinois, Institute for Research on Exceptional Children, 1970, 379p. EC 050 445 ED N. A.

Research projects conducted during the 1960's related to the education of emotionally disturbed, mentally retarded, hearing impaired, visually impaired and multiply handicapped children are reviewed; dissemination and utilization of research findings are discussed; teacher education and research are considered; and trends likely to be prominent during the 1970's are presented. Much of the research conducted in the areas of emotional disturbance and mental retardation is said to have been concerned with classification and/or definition. Additional concerns of research on emotional disturbance are said to have been determining the incidence and developing ways of identifying emotionally disturbed children in the public school system, while behavioral factors and learning theory were among the major foci of researchers on mental retardation. Research on multiply handicapped children is shown to have been focussed either on the individual with two or more handicaps or on the study of the

cross disability presented by two or more handicaps.

Husted, J., et al. The psychological evaluation of profoundly retarded children with the use of concrete reinforcers. Journal of Psychology, 1971, 77(2), 173-179. EC 03 1879 ED M. A.

Two forms of the Cattell Infant Intelligence Scale were used with 40 custodially mentally retarded children to determine whether the lack of predictive validity in infant intelligence tests is due in part to the tasks not being sufficient to sustain the child's interest or motivation. Candy reinforcers were used in place of the regular test material with 22 of the children. The children who received the modified Cattell obtained significantly higher ratings in both mental age and IQ. The investigators suggest that the candy produced increased motivation and consistency of response, thus affording a clearer picture of the cognitive structure of the child being evaluated.

Hutchinson, A. Special care units for the severely subnormal. Brussels, Belgium: International League of Societies for the Mentally Handicapped, 1971. 14p. EC 031 867 ED M. A.

The severely subnormal are defined as those whose IQs vary from 0-19; who are incapable of learning to care for themselves, to protect themselves from dangers, or to speak more than a few words; and who require a considerable degree of nursing care. The role of special care units in providing community-based care for these individuals is discussed, together with the physical plant, staffing, programming, and cost of operating such units.

Hutt, C., & Hutt, S. J. Biological studies of autism. Journal of Special Education, 1969, 3(1), 3-14. EC 004 175 ED M. A.

Results of three observation-type behavioral studies of autistic children between the ages of 2 1/2 to 7 years indicated that autistic children have a gaze aversion, avoid groups, and need to be very familiar with an object before examining it. It is suggested that the chronically aroused neurophysiological state of the children studied meant that novelty of stimuli or changes in routine were likely to elicit disturbed behavior. Implications for the handling of autistic children are discussed.

Iano, R. P. Learning deficiency versus developmental conceptions of mental retardation. Exceptional Children, 1971, 38(4), 301-311.

EC 040 752
ED N. A.

An alternative developmental view of mental retardation is proposed and contrasted to the educational consequences of a learning deficiency approach.

Identification of exceptional children: Handbook for screening team chairmen. Jackson, Miss.: Mississippi State Department of Education, 1970. 51p.

EC 030 600
ED 044 842

The Mississippi legal definition of exceptional children is provided, and the screening process for identifying these children is described. According to the definition, the exceptional child is "any child of educable and trainable mind, under 21, for whose particular educational needs institutional care and training are not available in this state, or who cannot pursue regular classwork due to reason or reasons of defective hearing, vision, speech, or mental retardation or physical conditions, as determined by competent medical authorities and psychologists." The screening process consists of the following eight procedures: (1) recommendation of teacher, describing behaviors; (2) support of local survey committee examination; (3) results of group achievement tests; (4) scores of group intelligence tests; (5) extent delayed in age-grade placement (and grades); (6) developmental history (given by parents); (7) individual psychological examinations; and (8) medical examinations.

Impact 5 of the Title VI programs in the State of Oregon, September 1970-August 1971. Monmouth, Oregon: Oregon State System of Higher Education, Teaching Research Division, 1971. 111p.

EC 041 169
ED 058 693

Evaluations of 18 Oregon projects funded with Elementary and Secondary Education Act Title VI monies for fiscal year 1971 are reported, together with the overall state evaluation plan for Title VI programs. The following information is given for each project: title, type, location, program description, number of children served, funding allocated, and evaluation findings. Three of the 18 projects served severely handicapped children: a Montessori-oriented preschool project serving 13 severely handicapped children in a residential setting; a transitional program for emotionally disturbed junior high school students moving from special classes for the seriously disturbed into a regular setting; and a non-residential program for deaf-blind preschool children and their parents. The most successful evaluation technique was the use of videotaped performance of the children at regular intervals throughout the year.

Initial COMPET Commonwealth plan for education and training of mentally retarded children. Pennsylvania Departments of Education and Public Welfare, 1972. 181p.

EC N. A.
ED N. A.

Outlined is the second phase of Pennsylvania's overall plan to guarantee the right to a free public education for all mentally retarded children. COMPET is complementary to COMPILE, the state plan to identify, locate, and evaluate mentally retarded children. The specific function of COMPET is to outline the manner in which instructional services are to be provided subsequent to identification and evaluation of the target population. The document includes an introductory section explaining COMPET and its implementation, including brief sections on setting behavior objectives, lesson planning, teacher competencies, task analysis, and program budgeting. The major portion of the report presents a set of modules in various developmental areas (visual, motor, self-help) which specify behavioral objectives and suggest activities, methods, and materials for programming instruction for the retarded. Appended are educators' and PARC's reactions to the plan. See COMPILE for a description of Pennsylvania's first phase plan to locate and evaluate mentally retarded children.

Instruction guide for the profoundly mentally retarded. Seattle: Seattle Public Schools, 1968. 198p.

EC 031 319
ED N. A.

The Seattle public shcools have designed an instruction guide to provide an opportunity for the profoundly mentally handicapped child to develop his ability to cope with the demands of daily living. The manual covers objectives, daily schedule, self-care skills, social skills, fundamental skills, and art, music, and physical education across nursery, kindergarten, primary, intermediate, and prevocational levels.

Jarvis, E. Insanity and idiocy in Massachusetts: Report of the Commission on Lunacy, 1855. Cambridge, Mass.: Harvard University Press, 1971. 283p.

EC 040 197
ED N. A.

This book reports the findings of a study of mental illness in the Commonwealth of Massachusetts that was conducted in 1855 including an introductory statement intended to provide the reader with an understanding of the background of the study, its techniques, objectives, and effects, and of the development of psychiatry in America during the first half of the nineteenth century, as well as the development of mental hospitals and related public policies. The report itself contains detailed incidence statistics, as well as statistics on the socio-economic status of mentally ill patients and compares these with similar statistics from England and Ireland. Descriptions of various

public facilities provide information related to such factors as size, administrative policies, cost, type of inmates, and physical facilities. Finally, recommendations for facilities are discussed.

Jaslow, R. I. Residents in public institutions for the mentally retarded. Washington, D. C.: Department of Health, Education, and Welfare, Rehabilitation Services Administration, 1970. 10p.

EC 030 419
ED 043 983

Tables present trend data, patient movement ratios, personnel, and financial data, for public institutions serving mentally handicapped persons during 1963 to 1969. Figures are listed by individual state in each category.

Jaslow, R. I., et al. Criteria for admission to institutions for the mentally retarded. Mental Retardation, 1966, 4(4), 2-5.

ED 000 475
ED N. A.

To facilitate the identification of retardates who were on institutional waiting lists who could be better served by the community and home, the following admission criteria were proposed: physically handicapped with neuromuscular deteriorating diseases, weight above 35 pounds, or tube feeding required; asocial behavior after the age of eight years; profound retardation after age 5 or severe retardation after age 8; and, in the single or no-parent home, profound and severe retardation after age 4. When these criteria were applied to 300 children under 11 years of age in the Plymouth State Home and Training School, it was found that 105 should not have been admitted and 99 should only be admitted at some later date. Stated advantages of such criteria are a clarification of requirements for community services now lacking, improved admission selection procedures, and the utilization of services for the patient's needs rather than for those of his parents or the community.

Jenkins, R. L., & Stable, G. Special characteristics of retarded children rated as severely hyperactive. Child Psychiatry and Human Development, 1971, 2(1), 26-31.

EC 041 796
ED N. A.

In a controlled experiment using 94 pairs of retarded children (one of each pair with severe hyperactivity problems, the other with no hyperactivity problems) the author found that in the hyperactive group there were notably higher incidences of central nervous system damage and/or dysfunction, residual speech defects, and history of convulsive seizures. Hyperactive children in the study had lower social quotients and fewer were completely toilet trained. In addition, the hyperactive children showed a higher incidence of destructiveness, withdrawal, assaultiveness, overanxiousness, and fearfullness. It is

concluded that severe hyperactivity unfavorably affects the prognosis for the behavioral adjustment of retarded children.

Jervis, G. A. (Ed.) Expanding concepts in mental retardation: scientific symposium of the Joseph P. Kennedy, Jr., Foundation (3rd Boston, Massachusetts, 1966). Washington, D.C.: Joseph P. Kennedy, Jr., Foundation, 1969. 262p.

EC 003 340
ED 026 775

The following aspects of mental retardation are discussed: genetics, biological basis of learning, deprivation factors, operant techniques, rehabilitation, and physical performance. Deprivation factors in mental retardation include institutional factors, day care programs for the disadvantaged, effects of Head Start, and outer directedness in problem solving. The section on operant techniques addresses research on academic learning, short term memory and rote learning, instruction in an institution, and evaluating the hearing of the severely retarded. Subjects treated under rehabilitation include socioeconomics of mental retardation, institutionalization, adjustment, community approaches, and rehabilitation of the severely retarded. Discussed in the section on physical performances are physical performances of the trainable retarded, diagnosis and prescription, recreation, the factor structure of motor abilities, and current status of research.

Johnson, J. T., Jr., & Olley, G. J. Behavioral comparisons of mongoloid and nonmongoloid retarded persons: A review. American Journal of Mental Deficiency, 1971, 75(5), 546-559.

EC 032 299
ED N. A.

Studies comparing the performance on experimental tasks of mongoloid and nonmongoloid subjects of varying mental abilities yield little evidence that the retarded individual's behavior is related to a medical classification of mongolism, thus casting some doubt on the utility of the American Association on Mental Deficiency classification system. A series of suggestions concerning the elaboration of a viable behavioral classification system for mental retardation are made.

Jordan, J. B. CEC-ERIC's the new way to know: Current thoughts and actions concerning the retarded student. Education and Training of the Mentally Retarded, 1972, 7(1), 57-59.

EC 041 251
ED N. A.

Advance analysis from the Dimensions II report, published by the Council for Exceptional Children, is previewed. The report analyzes the telephone responses of 50 state directors of special education who were interviewed about special education services in their states, administrative problems and issues, outstanding programs and projects, personnel training, identification and

diagnosis of children, and program evaluation. Many state directors felt that adequate services were being provided to the mentally retarded, due in part to strong citizen advocacy and teacher training. Emotionally disturbed children were seen as the most difficult group to serve. Also described in the article are materials for teaching telephone skills to the mentally retarded.

Jordan, J. B., & McDonald, P. L. (Eds.) EC 031 506
Dimensions: Annual survey of exceptional child research activities and issues--1970. ED 046 436
Arlington, Va.: Council for Exceptional Children, Information Center on Exceptional Children, 1971. 65p.

In a telephone interview conducted by the CEC-ERIC Information Center, 57 selected leaders were asked to identify current and significant trends, activities, products, issues, and individuals in the field of special education. In summarizing and interpreting responses to the interview questions, articles examine the convergence on key topic areas, response of organizations to problem areas of concern, problems and obstacles in exceptional child research, and current controversies in special education. Additional articles contain reviews of information files and journal literature compiled apart from the survey focusing on computerized information, recent trends in research, and a review of content in basic speech and hearing journals. Introductory articles provide information concerning the products and activities of the Council for Exceptional Children and the CEC-ERIC Information Center.

Jorgenson, H. A. Effects of contingent preferred music in reducing two stereotyped behaviors of a profoundly retarded child. Journal of Music Therapy, 1971, 8(4), 139-145. EC 040 560 ED N. A.

In two experiments conducted to reduce the duration of hand movement and rocking in a ten-year-old profoundly retarded girl, verbal stimuli, and contingent music was used as a reinforcer. With the occurrence of stereotyped behaviors the preferred music was interrupted and the investigator made a request for "quiet hands" or "quiet girl". Music was continued immediately upon cessation of the undesired behaviors. Results indicated that both stereotypic behaviors were reduced over the course of treatment.

Justice, B. S., et al. A look at the population served by a university clinic for retarded children. Mental Retardation, 1970, 8(3), 43-46. EC 501 291 ED N. A.

Using a model based on census information, the relationship between the population served by a university clinic for the mentally retarded and its community was investigated. Characteristics selected for comparison were based on availability of data in the clinic records and the 1960 census report. The study included 282 families served by the clinic between 1961 and 1966. Results indicated that no difference existed between the clinic sample and the community with respect to race and occupation of the father. However, the clinic sample over-represented families with incomes below $8,000 and under-represented families with incomes above $15,000. Results for level of education corresponded with income level. Additional characteristics were studied and results reported. It was concluded that similar clinics can expect a high number of lower income clients. The need to improve outreach activities to the under-represented income and educational level groups was stressed.

Kafafian, H. Study of man-machine communications systems for the handicapped. C/B/I second report. 7 vols. Washington, D.C.: Cybernetics Research Institute, Inc., 1970. 151p. EC 050 266 ED 070 222

Reported are studies of the CYBERCOM family of man-machine systems designed to enhance the capability of the severely handicapped to communicate and thereby develop intellectually. Aspects of the study include developing tests to measure effectiveness, investigating man-machine interfaces, developing materials for teaching use of the systems to the handicapped, and demonstrating and disseminating information to educators. Also described are specific research and training programs with deaf and blind children. Conclusions, recommendations, future plans and appendices of illustrative and related materials are included

Kahan, V. D. Mental illness in childhood: A study of residential treatment. Philadelphia, J. B. Lippincott Company, 1971. 219p. EC 033 010 ED N. A.

A study of 71 psychotic and severely emotionally disturbed children was conducted at the West Stowell House, England, inpatient unit from 1959 to 1965. The children residing in the facility, aged 3.5 to 14 years, were divided into four diagnostic categories: psychosis without organic subnormality or severe subnormality; psychosis with severe subnormality; severe emotional disturbance with subnormality; and conduct disorders. Treatment consisted of residential environmental care with family-based domestic units, child-centered intensive care,

regressed nurtural care, and on-continuing individual psychotherapy. The program stressed staff acceptance of regression and hostility, manifest good will, and gradual development of control as the child became aware of the need for it. Results of the residential treatment suggested that psychosis which includes rejection, anxiety, or excessive reactivity as major elements has a fair chance of responding to the warm, personal treatment in which explicit and implicit nurturing is available.

Kakalik, J. S., et al. Services for handicapped youth: A program overview. Santa Monica, Calif.: The Rand Corporation, 1973. 541p. EC N. A. ED N. A.

A 20-month cross-agency evaluation of Federal and State programs for both mentally and physically handicapped youth in the United States provides estimates of resources devoted to this population. Although approximately 11 million (of a total of 83 million) children and youth were classified as handicapped in 1970, inconsistencies in defining and classifying handicapping conditions make these prevalence statistics somewhat suspect. Major problems identified in the service system were found to include: inequities, gaps in service, insufficient knowledge, and inadequate control. Statistics and discussion are included on the amount of Federal and State expenditure in five program areas: health, welfare, education, mental health, and vocational rehabilitation. Definitions and discussions of prevalence estimates are contained in an appendix to the report.

Keane, V. E. The incidence of speech and language problems in the mentally retarded. Mental Retardation, 1972, 10(2), 3-8. EC 041 673 ED N. A.

Major findings from 41 studies on the incidence of speech and language problems in the mentally handicapped population are: (1) there is a higher than normal incidence of speech, language, and hearing disorders in the mentally retarded; (2) institutionalized retardates tended to exhibit more communication problems than the noninstitutionalized; (3) the lower the IQ score of a retardate, the greater the chance of a severe communication problem; (4) no unique pattern of speech deficiency has been demonstrated in the mentally retarded as a whole, although articulation, voice, and stuttering difficulties are respectively the first, second, and third most prevalent problems.

Kemp, C. J. Family treament within the milieu of a residential treatment center. Child Welfare, 1971, 50(4), 229-235. EC 032 025 ED N. A.

The Wisconsin Children's Treatment Center in Madison, Wisconsin, provides a program involving the family in the treatment of their emotionally disturbed children. The evolution of the process of family treatment at the center is summarized as well as details of the process. Of the 34 children (aged 4 to 13) treated and discharged from this program, none have been replaced in institutions; except for one child who was placed in a foster home, all of the children are now living with their families.

Kenney, H. J., et al. Improving the education of emotionally disturbed adolescents through the educational cadre as a diagnostic, teaching, and research instrument. Belmont, Massachusetts: McLean Hospital, 1966. 120p. EC 003 469 ED 038 780

An educational cadre was formed to function as a diagnostic, teaching, and research resource for emotionally disturbed adolescents in a residential treatment program. Working with the classroom teachers were a curriculum specialist, a cognitive psychologist, and a psychiatric clinician. Experimental curriculum units in English and history were developed around cognitive style, learning and recall, and language. Although language tests did not demonstrate significant changes, observation and student critiques and work products suggested that the material and methods may have facilitated learning.

Kershner, J. R. Intellectual and social development in relation to family functioning: A longitudinal comparison of home vs. institutional effects. American Journal of Mental Deficiency, 1970, 75(3), 276-284. EC 042 717 ED N. A.

The important relationships existing between retarded children and their families were studied with 42 mentally retarded institutionalized children and 27 similar children who remained at home. Pre- and post-tests were administered to measure both social quotient and intellectual ability. Interviews were also carried out to determine the level of family functioning. Families who kept their retarded children at home showed decrements on all criterion measures, while institutional families tended to improve in every area.

Kidd, J. W. Some unwarranted assumptions in the education and habilitation of handicapped children. Education and Training of the Mentally Retarded, 1966, 1(2), 54-58. EC 001 259 ED N. A.

Nine assumptions regarding the nature of prognosis for and education of the mentally retarded are said to be unwarranted. Among the theses set forth instead are: (1) mental retardation is most frequently caused by experiential deprivation and therefore can be prevented; (2) the extent to which rate and amount of learning in retardates are predictable is unknown; and (3) medical personnel are not necessarily experts in matters of classifying, rating, and predicting consequences of mental deficiencies.

Kimbrell, D. L., et al. Institutional environment developed for training severely and profoundly retarded. Mental Retardation, 1967, 5(1), 34-37. EC 000 929 ED N. A.

Special toys, developmental and training equipment were used to establish self-feeding and toilet habits and to develop coordination in 20 severely mentally retarded females in an Abilene, Texas, institution. The subjects were 6 to 18 years of age but could not establish a basal mental age of two years on the Stanford-Binet; they were characterized as aggressive and destructive. The special equipment included a metal swimming pool, special toilet seats, and articles providing tactile, visual, auditory, and kinesthetic stimulation.

Kirchner, A. S., et al. Shock as punishment in a picture-naming task with retarded children. Journal of Applied Behavior Analysis, 1971, 4(3), 227-233. EC 040 631 ED N. A.

Reported are two experiments in which two retarded children were taught to name pictures according to standardized procedures under differing stimulus conditions. In both cases the results showed that the use of electric shock tended to produce better performance as measured by the amount of inattentive behavior and the ratio of correct and incorrect responses.

Klaber, M. M., et al. Responsiveness to social reinforcement among institutionalized retarded children. American Journal of Mental Deficiency, 1969, 73(6), 890-895. EC 004 125 ED N. A.

Two unnamed institutions for the mentally retarded are compared in this study, with the major differentiating characteristic being the degree of social interaction offered to the children: Institution A provides much less opportunity for social interaction than does Institution B. Severely retarded children transferred for administrative reasons from Institution A to Institution B were compared to a closely matched group of children who remained in Institution A. Results indicate that the children remaining in the more depriving institution (A)

approached closer and elected to stay longer with a socially reinforcing adult than did the children who were transferred to the less depriving (B) institution. Findings of the study suggest that the effects of institutionalization in a deprived environment may be reversible. The authors also suggest that heightened responsivity to a caretaker may become associated with heightened reaction to socially-defined failure experiences, problem solving behavior, and therefore with intellectual development.

Klaber, M. M. Retardates in residence: A study of institutions. West Hartford, Connecticut: Hartford University, 1969. 147p. EC 006 019 ED 041 421

Presented are the objectives, methodology, and results of a study of six residential institutions for mentally retarded children. The purpose of the research was to show that differences among institutions are directly responsible for differential functioning among the residents; to identify reasons for the differences; and to recommend changes in institutional management leading to maximum realization of development and potential of residents. Research procedures included development and pre-testing of observation instruments and rating scales, on-site observations, and recording of the data. It was found that in a typical institution at least one-third of the time of severely retarded children is spent doing nothing, and that in five of six cases the children's greatest source of interpersonal contact was other ward residents. Two of the institutions were judged to be ineffective since their residents appeared neither happy nor self-sufficient, showed little intellectual growth, had many stereotyped behaviors, and manifested excessive need for social reinforcement. Attitudes of attendents and parents of children in the different institutions were found to show high consistency; however, parents of children in the two institutions judged to be effective visited their children more frequently.

Klein, G. (Ed.), et al. COVERT (children offered vital educational retraining and therapy) Project. Year 1. Tucson, Arizona: Tucson Public Schools, 1967. 27p. EC 002 458 ED 023 205

The COVERT School, involving seven Tucson school districts, a children's home and a child guidance clinic, was designed to initiate, compare, and evaluate alternative educational approaches for emotionally disturbed children. The following six approaches were implemented to meet the needs of an estimated 3% to 14% of school population exhibiting emotional disturbance: a residential school, a day school, special class programs, a group approach combined with tutorials, a support teacher for children in regular classes, and recreational therapy. Areas discussed include identification of problem children, teacher roles and responsibilities, techniques to be demonstrated, teacher

objectives and purposes, classroom management, and evaluation and reporting techniques. The school's philosophy, location, physical plant, and organization are described. Five behaviors characteristic of the emotionally handicapped are also listed.

Knoblock. P., & Johnson, J. L. (Eds.) The teaching-learning process in educating emotionally disturbed children. Syracuse, N. Y.: Syracuse University, Division of Special Education and Rehabilitation. Rehabilitation, 1969. 141p.

EC 004 679
ED N. A.

The following articles on the emotionally disturbed are presented: an approach to the study of teaching by Edmund Amidon; comments on an approach to the study of teaching by David Hunt; approaches to evaluation by Maynard Reynolds; a research program in a public school setting by Rhoda Fisher; the needs and curriculum for hyperactive children by William Cruickshank; and comments on hyperactive children by Gayle Beck. Additional comments on hyperactive children are presented by Sheldon Cohen, while additional topics consider functional diagnostic dimensions and their application in the education of disturbed children by Ralph Rabinovitch, and diagnosis and treatment in mathematics--its progress, problems and potential role in educating emotionally disturbed children and youth by John Wilson.

Kohn, M., & Rosman, B. L. A two-factor model of emotional disturbance in the young child: Validity and screening efficiency. Journal of Child Psychology and Psychiatry, 1973, 14(1) 31-56.

EC 050 549
ED N. A.

A two-factor model of emotional disturbance in preschool children was tested for validity and screening efficiency. A Social Competence Scale and a Problem Checklist were used to measure the following two dimensions: Factor I, interest-participation versus apathy-withdrawal; and Factor II, cooperation-compliance versus anger-defiance. After evaluation of 1,425 children (aged 3 to 7 years) in a variety of treatment settings, the factor dimensions were found to be efficient in differentiating disturbed children from a normal population. It was also concluded that groups of children (constituted on the basis of teacher ratings) can be discriminated by means of the two rating instruments. Specific findings with the sample population include the following: the disturbed group included significantly more males and significantly fewer children from intact homes; disturbed girls showed predominately Factor I pathology, but only those who showed Factor II were likely to be referred for treatment; disturbed boys had Factor I and II scores that were high and roughly equal.

Kok, J. F. W. Structopathic children. Part I, description of disturbance type and strategies. Portland, Oregon: International Scholarly Book Services, 1972. 125p.

EC 050 712
ED N. A.

Structopathy is a type of severe behavior disorder which includes sthenic, asthenic, and chaotic sub-types of emotionally disturbed and hyperkinetic children. The sociotherapeutic approach, i.e., the creation of situations as close to real life as possible, is recommended for working with this group. Sociotherapy is an integrated multidisciplinary technique in which the primary goal of residential treatment is the gradual return of the child to his normal environment. This is implemented by function training and structuring group therapy. See EC 050 713 for the entire study by the same author.

Kokaska, S. M., & Kokaska, C. J. Classroom techniques: Individualized work centers: An approach for the elementary retarded child. Education and Training of the Mentally Retarded. 1971, 6(1), 25-28.

EC 031 664
ED N. A.

A plan is proposed for adapting the engineered classroom model for individualizing the teaching of mentally retarded individuals. Implementation, organization, and reinforcement procedures for an experimental program are presented along with a review of some of its advantages and disadvantages.

Kramer, E. The practice of art therapy with children. American Journal of Art Therapy. 1972, 11(3), 89-116.

EC 041 920
ED N. A.

A discussion of the practice of art therapy with emotionally disturbed children (ages 3 to 12 years) begins with an explanation of the program including a description of two sessions involving several children and concludes with a comparison of the two sessions. The role of the art therapist is shown to be central to the success of the program, which operated between 1968 and 1970 in the Child Psychiatric Ward of Jacobi Hospital in New York City.

Krop, H., et al. Modification of the self-concept of emotionally disturbed children by covert reinforcement. Behavior Therapy, 1971, 2(2), 201-204.

EC 032 154
ED N. A.

In the experiment reported in this article, the effects of overt and covert reinforcement on children's self-concept were assessed. Subjects were 36 children diagnosed as having various behavioral disorders. Following an initial administration of items taken from the Tennessee Department of Mental Health

Self-Concept Scale. The children were divided into three groups for a second administration. Group I received covert reinforcement following responses associated with a positive self-concept; Group II received overt reinforcement following such responses; Group III, the control, received no reinforcement. The results of a third administration of the test showed that the Group I children were the only ones who changed significantly between the first and third adminsitrations of the test. These changes were maintained in a follow-up test two weeks later.

Kugel, R. B. Combatting retardation in infants with Down's syndrome. Children, 1970, 17(5), 188-192. EC 030 274

A study was conducted to determine if institutionalized mentally retarded children can develop well socially and intellectually if provided care and stimulation in a homelike environment. Seven children with Down's syndrome, ages four to 17, were studied for 18 months in an institutional program including a homelike atmosphere, enough staff for each child to have a substitute mother, and continuous stimulating and physically strengthening experiences. This program included an emphasis on the development of adaptive processes and motor skills, an instruction program by a physical and occupational therapist for aides in motor skill development techniques, and special attention and new experiences for the children away from the ward. Findings indicated a higher degree of sociability and adaptability than had been observed in similar institutionalized children, an increase in children's gross and fine motor activities, and progress in language development and self-help skills. Progress made by six of the seven children was greater than would normally be expected of similar children.

Kugel, R. B., & Wolfensberger, W. (Eds.) Changing patterns in residential services for the mentally retarded. President's Committee on Mental Retardation, 1969. 428p. EC 003 532 ED 030 228

The volume includes a collection of papers authored by authorities in the field of mental retardation and experts regarding facilities for the mentally retarded. The first section of the text focuses upon the challenge of innovative action, basic facts regarding the current status of residential facilities, personal reactions to current models in the U. S., and the history and development of U. S. institutional models. The second section presents conceptualizations of models of adequate service delivery and in-depth descriptions of already-established model programs for the mentally retarded. Included are comments and proposals regarding new and radical innovations and recommendations for change in service delivery patterns. A theme consistently stressed in the text is the need

to include, view, and discuss residential services as one component of a continuum of services for the mentally retarded.

Kugelmass, I. N. The Autistic child. Springfield Illinois: Charles C. Thomas, 1970. 382p. EC 031 108 ED N. A.

This text on childhood autism attempts to integrate the newer knowledge of autism as complete social aphasia with marked CNS disorganization. A description and assessment of the autistic child is presented in physical, emotional, mental, and behavioral terms. Neurophysiologic, psychogenic, and biochemical theories as explanations of the mechanism of autism are explored. Clinical management is discussed in terms of home, nursery, school, hospital, and preventive therapy, and the prognostic spectrum.

Kurtz, R. A., & Wolfensberger, W. Separation experiences of residents in an institution for the mentally retarded 1910-1959. American Journal of Mental Deficiency, 1969, 74(3), 389-396. EC 004 989 ED N. A.

Over the years covered in this study, it was found that released residents who entered the institution during adolescence were far more likely to be released into the community. However, the frequency of deaths suggested the need for special medical routines during the first three to 12 months. Placement of new residents in medical units was not recommended, however, unless the patient also received intensive interpersonal contact and nurturance.

L'Abate, L., & Whitaker, D. L. An annotated bibliography of behavior modification with children and retardates. Atlanta: Georgia State College, Child Development Laboratory, 1967. 36p.

EC 003 599
ED N. A.

Listed and summarized briefly are 130 journal articles and books published in the 1960's concerning behavior modification with children and retardates.

Lacey, P. H. Life with the mentally sick child. Elmsford, N. Y.: Pergamon Press, 1969. 77p.

EC 030 045
ED 043 169

The basic description of autistic children as evidenced in "psychic withdrawal" is elaborated with a presentation of the most characteristic behavioral symptoms. General principles of care of emotionally disturbed children, including routine physical care (dressing and undressing, feeding, toilet training, sleeping), are discussed, together with speech, hearing and communication problems peculiar to psychotic children. Differences between normal and emotionally disturbed children, and between severely emotionally disturbed and psychotic children are explained.

Lance, W. D. (Ed.) Proceedings of the special study institute for the multiply handicapped, Los Angeles. Department of Health, Education, and Welfare, 1967.

EC 003 652
ED 030 230

The proceedings include papers on the following subjects: a case sutdy in community challenge; California trends concerning services to the multiply handicpaped; the multiply handicpaped deaf; curriculum development processes; prescriptive teaching; role of the clinician-educator; and planning. Panel discussions were conducted on special problems, parents, teacher preparation, legislation, and public school roles in providing special services. Incidence figures in California for multiply handicapped deaf and blind children under 15 years of age are reported.

Lazar, A. L., et al. A selected bibliography on the multiply handicapped. Greeley, Colorado: Rocky Mountain Special Education Instructional Materials Center, 1967. 8p.

EC 011 037
ED N. A.

Included in the bibliography are 118 publications on children with a wide variety of multiple disabilities. Documents dating from 1903 to 1967 include research studies, biographies, descriptions of teaching and training techniques, curriculum guides, surveys, reports of educational programs, reports of services, bibliographies, and future projections.

Leach, F. Multiply handicapped visually impaired children: Instructional materials needs. Exceptional Children, 1971, 38(2), 153-156.

EC 040 051
ED N. A.

Results are presented of a two phase survey of programs for the multiply-handicapped visually-impaired child to assess needs and to formulate implications for materials development. The multiply-handicapped visually-impaired child was operationally defined as "having two or more educationally significant handicapping conditions, one of which is visual impairment: Two hundred fifty-eight organizations out of 293 surveyed responded with a combined population of 3,443 multiply handicapped visually impaired children. Of these children, over a third were totally blind, and the average child was shown to have 3.28 handicaps, with visual impairment, mental retardation, speech defects and emotional disturbance the most common conditions. Three-fourths of the children, half of whom were 13 years or older, were said to require individual instruction most of the time; a quarter of the children were non-verbal. The four most frequently named problems hindering learning were (1) unattending behavior; (2) emotional disturbance; (3) experiential deprivation; and (4) communication and language problems.

Leath, J. B., & Flournoy, R. L. Three-year followup of an intensive habit-training program. Mental Retardation, 1970, 8(3), 32-34.

EC 501 289
ED N. A.

Three years following a relatively brief exposure to behavior-shaping techniques, 40 profoundly and severely retarded girls were tested for social maturity. With two exceptions, all gains measured immediately following training were found to have been maintained during the intervening period without formal training. The exceptions were eating skills, which showed a significant gain during the three-year period, and socialization and communication, which did not vary significantly at the follow-up test from levels recorded prior to training. It is concluded that skill training requires less effort than the shaping and maintaing of social behavior.

Legislative aspects of mental retardation: Conclusions, Stockholm Symposium. Brussells, Belgium: The International League of Societies for the Mentally Handicapped, 1967. 20p.

EC 031 866
ED N. A.

Representatives from 14 member societies of the International League of Societies for the Mentally Handicapped met to outline a program on the rights of the mentally retarded. The major concerns of the meeting were: the development of recommendations for legislation on standards; the implementation of standards; questions regarding individual rights; and fostering international collaboration among groups concerned with

the mentally retarded.

Lennan, R. K. Report on a program for emotionally disturbed deaf boys. American Annals of the Deaf, 1970, 115(4), 469-473. EC 501 324 ED N. A.

A two-year behavior modification program was carried out with 16 emotionally disturbed deaf boys between the ages of 7 and 12 with IQ's of 85 or slightly above. Techniques used included positive reinforcement, gradual reward deferment, checkcards, interventions, dormitory checkcards, and a small (1:4) staff:student ratio. Seven of the subjects reportedly made satisfactory adjustments into the regular classroom and the others were to be included in a further program. The study concluded that behavior modification techniques can be useful in the education of this population.

Levett, L. M. A method of communication for non-speaking severely subnormal children. British Journal of Disorders of Communication, 1969, 4(1), 64-66. EC 500 539 ED N. A.

A method of communication for severely retarded, multiply handicapped non-speaking children was designed for use with a group of children between the ages of 5 and 16 years. In addition to being subnormal and cerebral palsied, they had additional handicaps such as deafness, partial sightedness, visual perceptual problems, and severe motor dysfunction. A system of mime was developed as a communication method after the use of pictures, the written word, finger spelling, and sign language were judged inefficient. The mime system involved the selection of words to be taught (a vocabulary of approximately 100 words) and the definition of gestures appropriate to the words. No information as to the effectiveness of this method is available, although an experiment with a group of 12 non-communicating children was cited as being under way.

Levine, M. N., & Elliott, C. B. Toilet training for profoundly retarded with a limited staff. Mental Retardation, 1970, 8(3), 48-50. EC 501 292 ED N. A.

The authors report the results and describe the procedures of a 10-week program to toilet train 103 profound retardates (IQ below 25) who ranged in age from 4 to 48 years. Attendants received training in a 10-hour course in the practical application of behavior modification and were given increased attention by supervisors and professional staff throughout the program. The ratio of attendants to residents was never greater than 1:10. Following the program, a marked reduction of soiled linen and a significant decrease in the frequency of accidental defecations were noted. However, 12 of the 103 appeared not to

have benefited from the training. The efficacy of the program cannot be attributed solely to the use of conditioning techniques: increased awareness by cottage parents, attendants, and regular training schedules may also have contributed to the favorable results.

Linton, T. E. The educateur model: a theoretical monograph. Journal of Special Education, 1971, 5(2), 155-190. EC 041 625 ED N. A.

A new professional role, that of "educateur" was developed and extensively used in institutions for handicapped children in Europe following World War II. Educateurs are professionally trained, specialized child care workers who maintain and direct re-education centers for handicapped children under the guidance of more highly trained specialists (psychiatrists, psychologists, etc.). These specialists, in addition to training and supervising the educateurs, are responsible for developing programs and procedures. A four-year college-level curriculum appropriate for training educateurs in this country is described. The American model for treatment of handicapped children is compared with the educateur model. Advantages of educateur system are said to be its more efficient utilization of manpower, and its more positive, less medically-oriented approach to caring for the child. Unlike American teachers and social workers, the educateur is not expected to provide a model of adult behavior, but rather to convey commitment and trust as an advocate of the child's needs. Further, the European re-education process, in which the educateurs play a critical role, focuses on altering the factors in the child's life which maintain and accelerate his behavioral disorders rather than on simply altering his behavior.

Lloyd, L. L., & Cox, B. P. Programming for for the audiologic aspects of mental retardation. Mental Retardation, 1972, 10(2), 22-26. EC 041 677 ED N. A.

Hearing impairment is viewed as a major problem in mental retardation. Programming guidelines to meed the audiologic needs of the retarded are discussed in terms of five activity areas: referral, audiometirc screening, audiologic assessment, otolaryngolcgic examination and habilitation, and aural rehabilitation. The guidelines are consistent with the standards for Residential Facilities developed by the Accreditation Council for Facilities for the Mentally Retarded.

Lloyd, L. L., & Reid, M. J. The incidence of EC 004 530

hearing impairment in an institutionalized mentally retarded population. American Journal of Mental Deficiency, 1967, 71(5), 746-763. ED N. A.

To survey the incidence of hearing impairment among a mentally retarded population, pure tone audiometric data were collected on 638 children (aged 6 to 22 years) institutionalized at Parsons State Hospital and Training Center, Knasas. Data were presented according to measured intelligence, adaptive behavior, and sex. Complete pure tone audiograms were obtained on 482 of the children: 344 were considered to have normal auditory sensitivity, while 138 had a loss greater than 15 decibels at one or more of seven frequencies between 250 and 8,000 cycles per second and were classified as hearing impaired. Data were also presented in terms of eight different hearing loss cirteria and by the type of impairment. Data were not obtained with conventional techniques on 156 children classified as difficult to test. Results obtained indicated that, in general, the incidence of hearing loss is greater among the more profoundly retarded than among the less retarded. There appeared to be little difference in findings related to sex.

Lobenstein, J. H., et. al. An activity curriculum for the residential retarded child. Union Grove, Wisc.: Southern Wisconsin Colony and Training School, 1964. 37p. EC 002 499 ED N. A.

Three areas of activity stressed in this program for the residential retarded child include physical (sports, games, team games, relays, and swimming), expressive (arts and crafts, music, and dramatics), and social (social development, club room, and camping). For each activity, desirable outcomes are presented for preschool, primary, elementary, preteen, teenage, and adult levels.

Lochaya, E. The lost child. Albany, N. Y.: National Society for Autistic Children, 1970 7p. EC 031 692 ED N. A.

The symptoms of childhood autism are shown to overlap other disability areas. Emphasis is placed on the idea that the child receive help at his own level and not the level of his label. The League School for Seriously Disturbed Children in Brooklyn, New York is cited as a model for the individualized treatment concept.

Long, N. Helping children cope with feelings. Childhood Education, 1969, 45(7), 367-372. EC 030 898 ED N. A.

Described are the techniques used at Hillcrest Children's Center (Washington, D. C.), a therapeutic elementary shcool for

the emotionally disturbed, to help children cope with feelings. Discussed are the concepts of decoding the child's verbal and nonverbal communication, labeling and accepting feelings, and expressing feelings through the techniques of ventilation, skill development, and verbal insight. Three case histories are included as examples.

Lorge, I., et al. Terminology and concepts in appraising the mentally retarded. New York: Columbia University, 1958. 138p. EC 003 112 ED 002 800

This study of the semantic variations in the definition of the definition of the mentally retarded in terms of functional adequacy for education, training, or custodial care was carried out so as to minimize the variability in legal and educational classification. A tentative multidimensional system for the definition of terms was developed. This study precedes a final publication under the same title (Druitz, J., et al., 1964). The reader is referred to this later publication (EC 000 463) for a discussion of the multi-dimensional classification scheme.

The lost children. Roche Medical Image and Commentary, 1970, 12(8), 14-17. EC 030 793 ED N. A.

Pediatricians Mary and Campbell Goodwin studied the learning habits of mentally and physically handicapped children with particular emphasis on autism. In their work with 65 autistic children the authors found that these children were often misdiagnosed as retarded or schizophrenic, and that they were neither incurable nor uneducable as commonly believed. The Goodwins' research involved the use of the Edison Responsive Environment or talking typewriter as a diagnostic and therapeutic tool.

Lovaas, O. O., et al. Some generalization and follow-up measures on autistic chilren in behavior therapy. Bethesda, Maryland: National Institute of Mental Health, 1972. 66p. EC 050 049 ED 067 781

A behavior therapy program emphasizing language training was conducted with 20 autistic children. The treatment emphasized extinction of pathological behaviors through reinforcement withdrawal, aversive stimuli, or reinforcement of incompatible behavior, and language training. The Stanford-Binet Intelligence Test and the Vineland Social Maturity Test were used to measure change along with multiple response recording of certain behaviors including: self-stimulation, echolalic speech, appropriate speech, social nonverbal behavior, and appropriate play. Pathological behaviors were found to decrease while desired behaviors increased. Although some children showed more improvement than others, all improved to some degree. Follow-up

measures two years after treatment showed large differences depending upon the post-treatment environment; however, reinstatement of therapy re-established original therapeutic gains in the institutionalized children.

Lowenfeld, B. Multihandicapped blind and deaf-blind children in California. Sacramento, California: State Department of Education, Division of Special Schools and Services, 1968. 101p. EC 020 938 ED 032 663

Presented are the results of two questionnaires sent out in California to collect data on the numbers, nature, extent, and location of the multihandicapped population under 21 years of age. Average number of handicaps as well as frequency of handicaps are reported for 940 multihandicapped blind and 240 deaf-blind children. Severity of handicaps was as follows: 32% severe (uneducable), 10% moderate (trainable); 4% mild (educable); and 55% not reported.

Mackie, R. P., et al. Special education in the United States: Statistics 1948-1966. New York: Teachers College Press, 1969. 90p.

EC 003 819
ED 028 564

Comparison of statistics from the Office of Education during 1963 and 1966 indicate that there has been a narrowing of the gap between children needing and receiving special education, including about 10 or 12%, or 6,000,000, of the school age population who would benefit from special education. Other changes in this period include: a rapid development in nursery school and kindergarten programs; a continued rise in enrollment in special programs for youth age handicapped; an increase in public school system programs, with more than one-half of the schools providing programs either by themselves or cooperatively; and an increase in teachers and speech and hearing specialists, with over 71,000 in 1963 and 82,000 in 1966. Implications are drawn from these statistics and other trend data, especially in the areas of visually handicapped, hearing impaired, speech handicapped, crippled and health impaired, emotionally disturbed and socially maladjusted, mentally retarded, and gifted children and youth.

Marrone, R. T., & Anderson, N. Innovative public school programming for emotionally disturbed children. American Journal of Orthopsychiatry, 1970, 40(4), 694-701.

EC 501 307
ED N. A.

The paper describes a cooperative effort between a county division of special education and various school districts in establishing special classes for emotionally disturbed children within the public schools. During 1968-1969, eleven elementary classes in Montgomery County served 94 disturbed children including the psychotic, the severe neurotic, the schizophrenic, children with behavioral and personality disorders, and some autistic children. Discussed in the article are staff training, administration, therapeutic methods (group therapy, chemotherapy, and behavior modification), the academic program, and parent involvement. Cited as an indicator of program success was the 41% rate of integration into the regular class. Advantages of the public school program (as opposed to a clinical program) were stated to be identification of both child and teacher with the regular school and facilitation of reintegration, particularly in art and physical education classes. A total year-round program was recommended to prevent detericration during the summer.

Marshall, N. R., & Hengrenes, J. R. Programmed communication therapy for autistic mentally retarded children. Journal of Speech and Hearing Disorders, 1970, 35(1), 70-83.

EC 021 864
ED N. A.

A communication therapy program for autistic retarded children, involving a team procedure, primary therapy goals, and

the organization of the therapy environment was tried with four children. The case studies presented illustrate the use of individualized reinforcement techniques in this approach.

Martin, E. Better education for handicapped children. Annual report fiscal year 1969. Washington, D. C.: Department of Health, Education, and Welfare, Office of Education, Bureau of Education for the Handicapped, 1969. 48p. EC 030 029 ED 043 155

Program activities of Title VI-A of the Elementary and Secondary Education Act, and Public Law 89-313, an amendment to Title I of ESEA, are presented in this annual report of Federal aid to State and local educational programs for handicapped children during the 1968-1969 school year. Statistical information relates children served and needing to be served to program expenditures. Objectives and achievements, employment and training of personnel, and Title VI-A and Public Law 89-313 are revieved.

Martin, E. W. Individualism and behaviorism as future trends in educating handicapped children. Exceptional Children, 1972, 38(7), 517-525. EC 041 148 ED N. A.

Future trends toward individualism and behaviorism in the education of the handicapped child are discussed. Topics mentioned in conjunction with the trend toward individualized instruction are the problem of developing and delivering the instruction, learning resource systems, teacher understanding of his emotional behavior toward the student, and child advocacy. The trend toward behaviorism is said to focus on systems analysis as it relates to program planning and management. Of central concern is educational accountability for the child's behaviors or outputs at the end of the program, in contrast with the traditional concern with inputs such as teacher qualifications.

Masland, R. L., Sarason, S. B., & Gladwin, T. Mental subnormality: biological, psychological, and cultural factors. New York: National Association for Retarded Children, 1958. 442p. EC 002 423 ED N. A.

Biological, psychological, and cultural factors are examined in the etiology of mental subnormality. Biological factors are significant in the prevention of mental retardation: prenatal, perinatal, and postnatal stages of development, as well as in the regeneration of the central nervous system. Psychological and cultural factors relate to problem solving behavior in non-test situations, cultural background factors affecting test performance, conceptualizing the structure of the intellect, heredity, environmental factors, and intelligence. Pathological

studies, incidence figures, and descriptions of both the severely defective individual and the less severe grades of mental defect are provided. Recommendations for research and a list of references conclude the volume.

Matteson, C. A. Finding the self in space. Music Educators Journal, 1972, 58(8), 63-65. EC 041 608 ED N. A.

In this discussion of the use of motor development activities, physical activities and music with handicapped children, the author specifically advocates the use of movement and spatial relationship in music classes for multiply handicapped children in order to aid in the growth of both mind and body. Movements are characterized by time duration, weight, and occurence in space. Practical guidelines for teaching children with various handicaps about the qualities of movement and sound are briefly set forth.

Maurer, A. Peek-a-boo: An entry into the world of the autistic child. Journal of Special Education., 1969, 3(3), 309-312. EC 500 975 ED N. A.

A case report of an autistic boy is presented, including the progress which was noted through the use of playing peek-a-boo. The game, which is analyzed as meeting a need for recognition and reassurance, is recommended for use with other emotionally disturbed children.

Mayeda, T. A. Delivery of services to mentally retarded children and adults in five states. Washington, D. C.: President's Committee on Mental Retardation, 1971. 147p. EC 042 103 ED N. A.

A six-month study of service delivery to the mentally retarded was carried out in five states: California, Colorado, North Carolina, Ohio, and Washington. The objective of the study was to assess the problems and interpret the needs of state agencies in providing diversified and integrated services. The report gives the number of residents in state institutions, the number of residents per 100,000 population, the number of 24-hour care community placements, the number of such placements per 100,000 population, enrollees in special education classes, census of sheltered workshops, and costs associated with each. The study revealed that these five states have scattered capabilities; that is, no one state ranks consistently high in all categories of service nor does another rank consistently low. A comparison of state activities with a program model developed by the President's Commission on Mental Retardation is included.

Mayer, M. F., & Blum, A. (Eds.) Healing through living: A symposium on residential treatment. Springfield, Ill.: Charles C. Thomas, 1971. 215p.

EC 032 064
ED N. A.

Four major sections consider various aspects of residential treatment for emotionally disturbed children, including planning for residential treatment, group living, and education and psychotherapy programs within the context of residential treatment. Milieu therapy, special education, and psychotherapy are seen as the most important components of any residential program. The book opens with an introductory section which reviews the evolution of institutional child care at one institution and closes with a discussion of the future of residential treatment.

McClennen, S. Teaching techniques for institutionalized blind retarded children. New Outlook for the Blind, 1969, 63(10), 322-325.

EC 500 839
ED N. A.

The author describes the programs for blind retarded children at the Plymouth State Home and Training Hospital in Michigan. The programs, which emphasize language and speech and stress the learning of socially acceptable behavior, utilize the token system of motivation.

McDade, P. R. The importance of motor development and mobility skills for the institutionalized blind mentally retarded. New Outlook for the Blind, 1969, 63(10), 312-317.

EC 500 837
ED N. A.

The extent to which patients could benefit from a systematic orientation and mobility program was tested with 33 institutionalized blind mental retardates. An assessment of the program indicated that between 20% and 40% of these patients could profit from the program and that, while most aspects of the training are similar for both the retarded and the nonretarded, training the blind retarded requires differences in time and level of presentation. It was also concluded that orientation and mobility training should be part of the curriculum in every institution housing blind mentally handicapped persons. Results of a survey of state institutions for the retarded are also presented including the incidence of mentally retarded blind. Findings indicate that nearly half the patients housed in institutions for the retarded are between the ages of 5 and 18 and that there is a serious lack of programs for those who also have physical or emotional problems. Fewer than 12% of the 136 institutions responding reported any rehabilitation or educational programming for blind retardates.

McIntyre, K. H. Bibliography on the deaf and hard of hearing. Los Angeles: University of Southern California, Instructional Materials Center for Special Education, 1968. 47p.

EC 005 436
ED 040 524

Over 400 items, dating from 1950 through 1968 are cited in this bibliography. Entries include research reports, manuals, journal articles, instructional materials, curriculum guides, and audiovisual materials. All are categorized by subject area as follows: introduction to the total area; assessment, education and related aspects; vocational areas; deaf adults; multiply handicapped deaf and deaf-blind; and the teacher. Additional items concern administration and supervision, auxiliary personnel, parent education, audio amplification, and journals and periodicals.

McKibbin, E. H. An interdisciplinary program for retarded children and their families. American Journal of Occupational Therapy, 1972, 26(3), 125-129.

EC 041 520
ED N. A.

Described is an interdisciplinary program which provides counseling and support services to parents of retarded children to enable them to cope with the complex problems raised by the presence of these children in the home. The program also provides occupational therapy for the child, and a therapist is responsible for the assessment of the child's development and the establishment of an on-going relationship with the family in order to optimally channel the parents' energies through home treatment programs.

Meadow, K. P., & Schlesinger, H. The prevalence of behavioral problems in a population of deaf school children. American Annals of the Deaf, 1971, 116(3), 346-348.

EC 032 415
ED N. A.

A survey of behavioral problems at a state residential school for the deaf revealed that 12% of the residents were considered by teachers and counselors to be emotionally disturbed and 3% were thought to be mildly disturbed. The identification of this population was based on their demanding a disproportionate amount of the caretaker's time. These results were confirmed by an informal census of day programs for the deaf which indicated that the proportions of severely and mildly disturbed students were about the same. The authors conclude that the need for mental health services for deaf children far exceeds those which are available.

Melcher, J. W. Five concerns for the physically handicapped-severely retarded child. Bureau Memorandum, 1966, 8(2), 21-22. EC 002 110 ED N. A.

The article reviews activities to be carried out by professionals and parents working with multiply-handicapped children. The following concerns are discussed: (1) the need for workers to see the possibility of positive accomplishment; (2) effective community-based administrative devices to ensure continuity of planning and service; (3) educational content; (4) guidance and counseling for the family; and (5) employment of an itinerant home teacher-counselor to work with children who are unable to attend special school programs. State agencies can play an important role in all of these areas.

Menolascino, F. J. (Ed.) Psychiatric approaches to mental retardation. New York: Basic Books, 1970. 764p. EC 032 451 ED N. A.

In this overview of the major areas of psychiatric involvement in mental retardation, three papers consider emotional development and disorders in relation to mental retardation. Another series explores specific symptoms and syndromes which frequently occur simultaneously with retardation. A variety of treatment approaches, psychiatric training, psychiatric research in the field of mental retardation, and an overview of the past and future role of psychiatry in this field complete the text.

Menolascino, F. J. Emotional disturbances in institutionalized retardates: Primitive, atypical, and abnormal behaviors. Mental Retardation, 1972, 10(6), 3-8. EC 050 645 ED N. A.

Disturbed retardates are frequently rejected from the community and placed in institutional settings where their emotional disorders go untreated, in spite of the fact that emotional disorders can be accurately diagnosed and treated. Three case histories illustrate the syndromes of primitive, atypical, and abnormal behaviors. Guidelines for implementing diagnosis and treatment are presented. It is recommended that institutions serve as regional resource centers for community based programs for the retarded.

Mental retardation programs of the Department of Health, Education and Welfare. Washington, D. C.: Department of Health, Education and Welfare, Office of Mental Retardation Coordination, 1972. 73p. EC 042 080 ED 063 688

The mental retardation programs of the Department of Health, Education and Welfare are organized according to the following

categories: preventive services, basic and supportive services, research, income-maintenance, personnel training, and construction. Eight agency reports are also included and provide information on program descriptions, objectives, activities, history, publications and economic impact. The financial policies of these agencies (which include the Office of Child Development, Office of Education, Health Services and Mental Health Administration, National Institutes of Health, Social and Rehabilitation Service, Social Security Administration, Food and Drug Administration, and Surplus Property Program) are also covered, and information is provided on the amount of funds available from the Department for mental retardation programs.

Mental retardation source book of the Department of Health, Education and Welfare. Washington, D. C.: Department of Health, Education and Welfare, Office of Mental Retardation Coordination, 1972. 13up. EC 050 188 ED 069 089

Data are reported on all HEW administered programs for the mentally retarded in three major sections. The first section contains statistical data on patients in residential facilities including public and private institutions and state mental hospitals. The second section presents data on outpatient services such as day care facilities, clinic services, psychiatric care, and educational services for the retarded child. Data on federal programs, whose clients include the retarded, are presented in the third section: Social Security Administration (SSA) Childhood Disability Allowance program, SSA Worker Disability Allowance program, Rehabilitation Services Administration rehabilitation program, and the public assistance program. The Master Facility Inventory (MFI), operated by the National Center for Health Statistics provided the data for this study. The MFI, a computerized listing of all inpatient health facilities in the U. S., contains information on a variety of programs including those for the profoundly retarded and vocational and medical rehabilitation.

Mercer, M. Why mentally retarded persons come to a mental hospital. Mental Retardation, 1968, 6(3), 8-10. EC 003 595 ED N. A.

The records of 81 patients diagnosed as mentally retarded in two mental hospitals were examined. Of these patients 26 were classified as severely retarded, 19 as trainable, and 36 as borderline. Of the 36 borderline patients, all showed some form of schizophrenic reaction, but only five were formally listed as mentally ill. For 21 of the severely retarded and approximately half of the trainable and borderline groups, hostile, aggressive behavior was a major factor in events precipitating hospitalization.

Metz, J. R. Stimulation level preferences of autistic children. Journal of Abnormal Psychology, 1967, 72(6), 529-535.

EC 002 038
ED N. A.

In an experiment involving 10 schizophrenic, 10 autistic and 10 "outstandingly successful" children, the author determined that compared with controls, autistic children selected higher volumes of tape-recorded sound than did schizophrenic children who were more variable in their volume settings. In a separate study conducted by the author of 30 normal children aged four, five and eight, older children selected higher settings than younger ones. It is stated that results support clinical observations of altered responsiveness to sound levels in autistic children and suggest that such children prefer, and will act to maintain, higher than normal levels of stimulation.

Meyer, D. A. Five days a week in family setting. Children Today, 1972, 7(6), 14-16.

EC 050 651
ED N. A.

An alternative to institutional care is a pilot program which provides weekly residential care in a family setting for small groups of severely retarded elementary age children. Described is a couple caring for six retarded children in their home. The normality of the environment and the low ratio of staff to children are cited as the program's advantages. Perceived as important factors in the propgram's success are flexible scheduling, behavior modification techniques, and the acquisition of community cooperation.

Meyers, L., et al. Instruction guide for teachers of the emotionally disturbed. Seattle: Seattle Public Schools, 1968. 53p.

EC 031 328
ED N. A.

The curriculum adaptations and approaches to teaching are covered in this instruction guide for teachers of the emotionally disturbed. Topics include needs and characteristics, classroom management, and courses of study for all grade levels.

Milgram, N. A. MR and mental illness--a proposal for conceptual unity. Mental Retardation, 1972, 10(6), 29-31.

EC 050 652
ED N. A.

This paper presents an argument for the use of a common set of concepts with which to organize and classify the phenomena which occur in the fields of mental retardation and mental illness. The systems currently in use (which define mental retardation solely in terms of cognitive abilities or disabilities and emotional disturbance solely in terms of personality variables) foster false dichotomies. For example, the maladaptive behavior of mental retardates is not explained by low IQ alone. The author points out the need for recognition

that mental retardates are influenced by social-emotional and attitudinal-motivational variables in addition to their cognitive abilities or disabilities. The paper also summarizes the commonalities in theory and research design of the two fields, such as the distinction between primarily biomedical etiology and primarily social-cultural etiology.

Miller, H. J. Educational programming in simulated environments for seriously emotionally handicapped elementary school children. Final report. Baltimore: Maryland State Department of Education, 1967. 104p. EC 003 194 ED 024 195

Described is a study involving 64 emotionally handicapped elementary school students with no neurological defects or subnormal intelligence. Students were randomly assigned to four experimental regular classes, two experimental special classes, four contrast (conventional) regular classes, and two contrast special classes. In the experimental classes, a modified curriculum was used which incorporated the simulated environments technique through the unit approach in social studies. Primary emphasis was placed upon whatever was available in their schools or individual instruction in a highly structured environment. It was concluded that the experimental technique had a positive effect on the ability of these children to relate with others and to apply problem solving skills to learning and personal problems. However, no differences were found between regular and special class groups.

Minge, M. R., & Ball, T. S. Teaching of self-help skills to profoundly retarded patients. American Journal of Mental Deficiency. 1967, 71(5), 864-866. EC 004 535 ED N. A.

Following a carefully sequenced individualized program of instruction, psychiatric technicians taught six profoundly retarded girls (IQ range 10-24) aged 8 to 15 who were among those patients with the fewest self-help skills in a hospital environment. The subjects only intermittently responded to simple commands, were not toilet trained, were nonverbal and were unable to dress or undress themselves. The two month training period consisted of two individual 15-minute sessions per day, in which each of 11 tasks was broken down into component parts and correct responses were reinforced with food (they earned breakfast and lunch) and praise. Situational results indicate that subjects made significant improvement (p equals .001) in the skills taught and that they also obtained significantly higher test scores than a control group (p equals .01). These results indicate that self-help skills can be taught to profoundly retarded patients.

Mission: Possible. Tempe, Arizona: Arizona State University, 1969. 114p. EC 004 449 ED 032 670

This comprehensive reference includes a wide variety of handicaps, ranging in severity from mild to profound. Of particular interest to this study is the definition of the emotionally disturbed. Four categories are described: (1) aggressive, (2) withdrawn, (3) school phobia, and (4) brain injury. An extensive list of traits or characteristics associated with each category is included. Techniques for working in the classroom with each type of disturbance are suggested. A list of Arizona agencies including private and residential facilities and public schools serving this population is given. A bibliography is provided.

Mitra, S. B. Educational provisions for mentally retarded deaf students in residential insitutions for the retarded. Volta Review, 1970, 72(4), 225-236. EC 501 117 ED N. A.

A survey of state residential facilities for the retarded was conducted in order to identify provisions currently being made to develop programs for mentally retarded deaf children. Results received from 71 residential facilities were as follows: team evaluation is common for identifying deaf retardates; IQ scores and audiological tests are typically used in identification; a range of 21% to less than 1% of the retardates are found to be deaf; only 33% of school age retarded deaf are in some educational or training program; and 80% of the retarded deaf have borderline or mild retardation with severe to profound hearing loss. Three common program objectives were identified: communication skills, social adjustment, and basic academics. Types of instruction and teacher qualifications are discussed and conclusions and recommendations presented. It was found that an inadequate supply of trained professionals and inadequate diagnostic procedures are among the most serious problems. Centralized facilities in each state for deaf retardates was recommended.

Mongolism (Down's syndrome): Hope through research. Bethesda, Md.: National Institutes of Health, National Institute of Neurological Diseases and Stroke, 1971. 6p. EC N. A. ED N. A.

The symptoms and means of transmitting and detecting mongolism are described. There is a short bibliography of the most relevant research in this area, but a great deal more research in conquering and treating the disease is needed.

Mongolism: Exceptional child bibliography series. Arlington, Virginia: Council for EC 032 363 ED 050 524

Exceptional Children, 1971. 12p.

The bibliography cites 53 research reports, journal articles, texts, conference papers, and program guides selected from Exceptional Child Abstracts. Each entry on mongolism includes bibliographical data, availability information, indexing and retrieval descriptors, and abstracts. Subject and author indices are also provided.

Montgomery, J., & McBurney, R. D. Operant conditioning--token economy. Camarillo, Calif: Camarillo State Hospital, 1970. 39p.

EC 006 154
ED 042 304

Described is an Operant Conditioning--Token Economy Program which was used with institutionalized mentally ill and mentally handicapped persons. The program attempts to teach patients to be responsible for their own behavior, to make choices, and to be motivated to change. In the original implementation of the program with 140 chronic regressed schizophrenics, only four patients had not progressed enough to be placed in the community after two years. The article describes the problems involved in setting up the programs, the main features of preparation, staff orientation, mechanics of the basic reinforcement program, and construction of individual behavior modification plans. Sample forms for collecting observational data and maintaining complete information on behavior modification programs are included.

Moor, P. M. No time to lose. New York: American Foundation for the Blind, 1968. 53p.

EC 002 863
ED N. A.

Educational methods and techniques for use with multiply handicapped blind children and a list of instructional devices with ways for using this equipment to encourage gross motor coordination and manual dexterity and to develop living skills are provided. There is a need for refinements in evaluation and also for a greater effort to involve parents and community in these programs. The bibliography includes 10 specific references and 24 related readings.

Mora, G., et al. A residential treatment center moves toward the community mental health model. Rhinebeck, New York: Astor Home for Children, 1969. 7p.

EC 005 017
ED N. A.

This pamphlet reviews the evolution of services offered by a residential treatment facility for emotionally disturbed children over a ten-year period. In addition to describing the pilot project's early program and changes in it, descriptions of the children and staff as well as ten-year evaluation results are provided. Attention is also given to discharge procedures and the development of more concrete techniques for working with

parents. Among the changes noted in the program's evolution are: increase in the ratio of professional to child care staff, the provision of intensive psychotherapy for each child, and increased focus on neurological aspects and psychopharmacological treatment.

Moran, R. E. Manual of mental subnormality. Rio Pedras, Puerto Rico: University of Puerto Rico Press, Social Science Research Center, 1968. 482p. EC 041 017 ED N. A.

This comprehensive textbook on mental retardation presents theories and describes treatments and prevention of behavioral subnormalities. In addition, clinical types and anomalies, diseases, syndromes, and conditions are examined as are other factors related directly to mental subnormality. For each of these, descriptions of the etiology and prevention (if known) are provided along with general treatment recommendations.

MR 71: Entering the era of human ecology. 1971-1972 Report of the President's Committee on Mental Retardation. Washington, D. C.: President's Committee on Mental Retardation, 1972. 32p. EC 040 925 ED N. A.

Mental retardation is discussed from the perspective of human ecology. The need is expressed to examine the environmental factors that affect the lives of the mentally retarded and that are often agents causing retardation including slum conditions, malnutrition, poverty, lack of basic medical care, and other threats to mental and physical health. The following areas related to mental retardation are examined and PCMR actions are outlined: the importance of early education; genetic damage; recent court actions and legal proceedings; Indian health and education; lead poisoning; poverty; and recreation.

MR 72: Islands of excellence. Report of the President's Committee on Mental Retardation. Washington, D. C.: President's Committee on Mental Retardation, 1973. 54p. EC N. A. ED N. A.

This report describes a number of exemplary programs for the prevention or treatment of mental retardation and rubella-associated multiple handicaps. It includes a summary of court cases regarding the rights of severely retarded and multiply handicapped persons. Incidence statistics indicate that 1.5% of the retarded population are profoundly retarded and that a great many retarded persons are multiply handicapped. The purpose of the report is to provide greater awareness of the fact that a great deal is known both about treating and preventing mental retardation and to encourage widespread application of the most

effective practices in order that the goal of reducing the population of institutionalized retardates and multiply handicapped individuals by one-third may be realized.

Mulhern, T., & Baumeister, A. A. An experimental attempt to reduce sterotypy by reinforcement procedures. American Journal of Mental Deficiency, 1969, 74(1), 69-74. EC 004 351 ED N. A.

Two experiments to determine the effectiveness of reinforcement procedures in modifying stereotyped behavior defined as "a constant repetition of responses that have no apparent adaptive consequences for the organism" were carried out with two untestable, nonverbal male retardates. Operant conditioning techniques were used to eliminate the stereotyped body rocking and produce sitting still behaviors. Aversive noise was associated with movement and reinforcing lights and candy were contingent upon sitting still. The overall effect of the treatments was a reliable reduction in the rate of sterotyped activity for each subject.

Multi-handicapped services for retarded children in Wisconsin. Madison, Wisc.: Wisconsin Department of Public Instruction, 1967. 6p. EC 003 947 ED N. A.

The curriculum and instructional program, enrollment criteria, program goals and objectives, and the physical plant provided for the retarded-orthopedically handicapped, the retarded-deaf, and the retarded-blind in Wisconsin are described. Listed are 109 references concerning education of the multiply handicapped-retarded child.

Navas, M. M., & Braun, S. H. The use of operant techniques for modifying the behavior of the severely and profoundly retarded. Mental Retardation, 1970, 8(2), 2-6; 8(3), 18-24, 8(4), 4-11. EC 501 287, 006 375

In a series of three articles, operant conditioning theory is described as well as its application to the field of mental retardation. This approach is shown to be particularly useful in building up complex behavioral repertoires within the context of ongoing activities. The techniques most commonly used include positive reinforcement, avoidance and escape procedures, imitation, extinction, punishment, and time out. These are constrained under parameters of scheduling, duration, and quantity. After sufficient exposure to the conditioning process, desired behaviors become self-sustaining and require little tangible reinforcement. While these techniques have demonstrated considerable success where no other methods have prevailed, the public attitude toward behavior modification is still negative. This public attitude and its effect on the future of behavior modification are discussed.

Nesbitt, J. A. (Comp.) Papers on program development in recreation and physical activity for handicapped children. San Jose, Calif.: San Jose State College, Institute for Interdisciplinary Studies, 1971. 403p. EC 040 924 ED N. A.

More than 20 conference reports were devoted to the expanding and improvement of programs in recreation and physical education for handicapped children at the local, state, and national levels. Conference objectives included: exchange of views on types of assistance available for development of recreational programs; analysis of a model of coordinated and comprehensive recreation program development drawing on several sources; consideration of coordinated measures that can contribute to recreation program development, and dissemination of information on existing recreation for handicapped children including research, training, and services. General topics included the handicapped child's need for recreation, community and university cooperation, selected lists of federally funded programs relating to handicapped children, federal-state programs, California state and local programs, suggested resources for financing community recreation programs for the handicapped and retarded, federal laws supporting recreation programs for the handicapped and mentally retarded, remedial physical education, and the development of a handbook on the therapeutic recreation service for handicapped children.

Newcomb, M. A. Seal Bluff Development Center. Children's House, 1971, 5(1), 13-19. EC 040 350 ED N. A.

The program of services offered by the Seal Bluff

Development Center for very young multiply handicapped children and infants is described. Most of the children served have mental retardation as one of their handicapping conditions, and the Center staff believe that early prevention and instructional programming preclude development of the secondary characteristics associated with retardation and brain damage. Volunteers make home visits to elicit developmental milestones for the children, implement instruction immediately and train parents in methods of helping their child. The curriculum includes the development of motor abilities, stimulation of senses, teaching of body parts and self-concept, recognition of size and shape of concrete objects, and auditory and visual discrimination and perception.

New Jersey comprehensive plan to combat mental retardation. Trenton: New Jersey Division of Mental Retardation, Inter-departmental Committee on Lifetime Disability, 1966. 180p. EC 002 975 ED 027 655

Several lines of attack on the problem of mental retardation are suggested: detection, treatment, services, legislation and manpower training. Additional information is given concerning the scope of the problem, including definition, measurement and classification, and prevalence. Programs for the retarded in New Jersey are described, together with estimates of costs.

Mental retardation is defined by New Jersey statute as a state of significant subnormal intellectual development with reduction of social competence in a minor or adult person. . . . (It is expected that this condition) shall have existed prior to adolescence and is expected to be of life duration."

A number of prevalence studies conducted from 1929 through 1963 are reviewed and a range of incidence from 0.68 to 8.83% is cited, with severe retardation occurring in only .1% of the population.

Nicholas, M. Communication and the multiply-handicapped child. Teacher of the Deaf, 1972, 70(415), 361-373. EC 050 025 ED N. A.

Teachers who wish to improve the communication abilities of multiply handicapped deaf children must provide for an early diagnosis of each child's strengths and weaknesses. Simple home-made or non-standardized tests will help determine each child's level of ability with such basic skills as color matching, assembling parts of jigsaws or constructions, stringing wooden beads, etc. The fundamental areas of concern in planning remedial programs for the multiply handicapped are the development of the whole child, and training in motor and perceptual skills. Deaf students with other handicaps have been successfully taught by the combined communication method, as have

children with near normal hearing who have specific language disorders.

Niederfrank, E. J. Developing programs for the rural handicapped. Washington, D. C.: U. S. Department of Agriculture, Extension Service, 1970. 16p. EC 032 395 ED N. A.

Suggestions for helping state and local organizations develop cooperative programs for assisting the handicapped to help themselves are exemplified in reports of 20 projects and activities in rural communities. Major professional resources and agencies found in all states and most counties can also be called upon to assist local planning groups. State Rehabilitation Agency services and the Rural Committee of the State Governors' Committees on Employment of the Handicapped provide services to rural areas.

Nisonger, H. W. Directory of residential facilities for the mentally retarded. Washington, D. C.: American Association on Mental Deficiency, Division of Special Studies, 1968. 116p. EC 006 427 ED N. A.

Public and private residential facilities (schools, hospitals, homes) for the mentally handicapped in the United States and Canada are listed together with information about the names, locations, administrators, admission policies, resident population, program, and personnel of each facility. Facilities are listed alphabetically by city under the state or province in which they are located, and listed by name in the index. The state or province authority for each facility is also given.

O'Gorman, G. The nature of childhood autism. New York: Appleton-Century-Crofts, 1970. 163p. EC 032 150 ED N. A.

The discussion of childhood autism begins with the presentation of nine points containing criteria for diagnosis of the schizophrenic syndrome in children, followed by an examination of the concept of childhood schizophrenia and its clinical picture. In accordance with the view that schizophrenic withdrawal can be regarded as one of a series of alternative, consecutive, or co-existent mechanisms through which the child seeks to adjust himself to his environment, defense mechanisms against intolerable reality present to an abnormal degree particularly in autistic or schizophrenic children are analyzed: ritualistic attempts at control of reality to prevent variation, distortion of reality (self-deception, fantasy), and withdrawal. Etiological factors and theories are explored, and the pseudoschizophrenic syndromes and the treatment, education, and training of autistic children are included.

O'Leary, K. D., & Becker, W. C. Behavior modification of an adjustment classroom; a token reinforcement program. Exceptional Children, 1967, 33(9), 637-642. EC 001 334 ED N. A.

Described are the procedures and effects of a program of token reinforcement which was employed in a classroom of 17 nine-year-old emotionally disturbed children (IQ 80-107). Children were told that they would receive ratings from 1-10 reflecting the degree to which they followed instructions; the ratings were in turn exchanged for candy and small prizes. By the end of the school year, the average of deviant behavior dropped from 76% during the base period to 10% with the token procedure. Prior to implementation of the reinforcement program, the daily mean of deviant behavior had ranged from 66% to 91%, while during the program it ranged from 3% to 32%.

O'Meara, M. An experimental program at the Illinois Braille and Sight Saving School for developmentally-delayed, visually-impaired children. International Journal for the Education of the Blind, 1966, 16(1), 18-20. EC 000 994 ED N. A.

Described is an experimental program at the Illinois Braille and Sight Saving School for developmentally delayed, visually impaired children aged 4 1/2 to 8 1/2 years. Maintaining a pupil-teacher ratio of 2:1, the program provides instruction in living skills, sensory stimulation, and academic work. Also described are the use of various methods of communication, ancillary services, and cottage staff.

Ora, J. P. Regional intervention project for preschoolers and parents. Final report. Nashville, Tennessee: George Peabody College for Teachers, 1970. 19p. EC 030 161 ED 043 179

The Regional Intervention Project is designed to serve high risk children and their families. During the period of this study, 40 children diagnosed as "high risk" because of behavior disorders, were provided services which included a preschool class, parent participation, placement, support followup, and supplementary services. The report provides information on project staff, planning activities, facilities, demonstration and dissemination efforts, in-service training activities, and evaluation. The principal method of evaluation was the measurement of child progress in behavioral terms.

Ora, J. P., & Reisinger, J. J. Preschool intervention: A behavioral service delivery system. Nashville, Tennessee: George Peabody College for Teachers, 1971. 12p. EC 040 770 ED 057 536

This paper describes a preschool intervention demonstration project for emotionally disturbed children. The program includes individual tutoring sessions, a model preschool classroom, placement and follow-up services in the home or some other community program, and focuses on training the parent as soon as possible to become the child's teacher. It is described as a measurement-based treatment system, and emphasis is given throughout the description on educational accountability.

Orzack, L. H., et al. Administrative and sociological factors in organizing change: Toward new services for the retarded. Bridgeport, Conn.: Parents and Friends of Mentally Retarded Children of Bridgeport, 1970. 129p.

EC 032 032
ED N. A.

New services for the retarded have been developed in the Bridgeport, Connecticut area. A major component of the process was a federally funded, multi-faceted demonstration program. The project engaged numerous public and private agencies in the development of a "spectrum of opportunities" for the mentally retarded including day care, recreation, workshops, enrichment of educational programs, and creation of community residential centers. A large portion of the monograph is devoted to a theoretical discussion of the process or change, the dynamics of inter-community group relationships, an historical overview of the project, and an analysis of the role of parent-volunteer organizations as catalytic agents.

Osborne, B., et al. An experimental diagnostic teaching clinic for the multiply handicapped deaf. Exceptional Children, 1971, 37(5), 387-9.

EC 031 357
ED N. A.

A diagnostic teaching program designed to relate physiological problems to educational needs and thereby to reduce the poor placement of multiply handicapped deaf children is described. Among the unique characteristics of the program are (1) one to one teacher/pupil ratio for all eleven children, plus three teacher aides; (2) immediate attention to each child's amplification needs; (3) one-half hour daily seminars for teachers, audiologists, psychologists and a diagnostic teaching consultant. During his first two weeks each child is given an extensive and complete battery of diagnostic tests and participates in three-hour diagnostic teaching sessions each day. These sessions together with the other services of the program and conferences with the parents are intended to promote understanding of the entire gamut of problems facing the deaf, multiply-handicapped child.

Osorio, L. C. Milieu-therapy for child psychosis. American Journal of Ortho-

EC 500 902
ED N. A.

Psychiatry, 1970, 40(1), 121-129.

A milieu therapeutic community for psychotic children in Brazil is described. The Kanner Institute attempts to provide "an atmosphere of tolerance and absorption of the psychotic child's regressive manifestations, giving an opportunity for a better satisfaction of the child's basic instinctive necessities and allowing him to use the healthy nuclei of his personality in the search for better patterns of relation with the outside world." Psychosis is defined as all those manifestations (mental, affective, behavioral) that show a disorganized personality detached from age-appropriate developmental stages. Clinical material on patients is included.

Paige, M. Respite care for the retarded: An interval of relief for families. Washington, D. C.: Rehabilitation Services Administration, 1971, 33p. EC 031 961 ED 048 695

A program of services aimed at providing relief to parents charged with full-time care of a retarded child is presented. These services can be provided either in the home or outside and on either a regular or intermittent basis. Statistics cited in the paper indicate that 95% of the retarded population live at home with their families and depend, therefore, on community services. The author sees the role of residential facilities as offering services specifically to those who are either severely or profoundly retarded or multiply-handicapped, making available short-term programs for those who require intensive treatment or training within a sheltered environment and offering supportive and intensive counseling services to families to assist them in maintaining family integrity. Discussed under the rubric of respite care are homemaker, nursing, and babysitter services, as well as foster, temporary care, family-group, and group homes. Several model programs are described briefly, and a listing of facilities offering respite services is provided.

Paloutzian, R. F., et al. Promotion of positive social interaction in severely retarded young children. American Journal of Mental Deficiency, 1971, 75(4), 519-524. EC 042 751 ED M. A.

Severely retarded institutionalized children were conditioned to imitate novel social responses of a model as a means of facilitating positive social interaction with peers. Ten social interaction training sessions were held with an adult model, and matched pairs of subjects (10 experimental and 10 control) were rated on their level of social behavior as emitted in the ward setting before and after the experimental treatment. The experimental subjects exhibited significantly higher levels of social behavior than the control group and these behaviors proved to generalize to the ward setting. There was no change in level of social behavior of the control subjects. The Social Interaction Rating Scale devised by the authors and used to measure interaction in this study is described.

Pappenfort, D. M., & Kilpatrick, D. M. A census of children's residential institutions in the United States, Puerto Rico, and the Virgin Islands, 1966. Vol. 4. Institutions for emotionally disturbed children. Chicago: University of Chicago, School of Social Service Administration, 1970. 457p. EC 040 887 ED 057 549

The statistical tables on residential institutions for the emotionally disturbed are presented in three series, according to the following independent variables: auspices, size, and

location. Descriptive information for each statistical series includes characteristics of children, length of stay, supplementary institutional functions, intake policies, services at admission, treatment, family treatment, evaluation, psychiatric and casework hours, educational arrangements, community participation, staff, staff-child ratios, inservice training, and supervision. The statistics are based on data gathered through the National Survey of Residential Child Care Facilities covering all institutions known to have been operating in September, 1965.

Parker, J. L. Need for new strategies for identification and assessment of mental retardation. Slow Learning Child, 1971, 18(3), 131-141. EC 041 437 ED M. A.

Identifying and classifying mental retardation is confounded by the fact that an apparent normal distribution of intelligence levels may result from the technique of test construction alone. A more appropriate test would be one which could produce a bi-modal curve discriminating the critically retarded from the non-critically retarded rather than a symmetrical curve. The difficulty in measuring intelligence stems from the difference between cognitive capacity and empirical problem solving ability. Research indicates that intelligence assessment must be closely related to the individual's environment, with culture fair items necessary to assess the individual's growth and development.

Payne, D., et al. A comprehensive description of institutionalized retardates in the western United States. Final report. Boulder, Colorado: Western Interstate Commission for Higher Education, 1967. 160p. EC 011 969 ED 031 002

Data on the behavioral, social, and medical charcteristics of over 20,000 retardates, the residential population of 22 state institutions for the mentally retarded in 13 western states were collected from 1966 to 1968. Background information on the residents included measures of intelligence, diagnosis, medical problems, and family characteristics, while ongoing observations were concerned with general activity level, sexual and infantile behavior, and destructive acts directed against self, others, and objects. The findings were reported back to the institutions and served as a stimulus to research, program development, and evaluation. It also promoted inter-institutional cooperation in these areas.

Payne, J. S. Prevalence survey of severely mentally retarded in Wyandotte County, Kansas. Training School Bulletin, 1971, 67(4), 220-227. EC 031 640 ED M. A.

A prevalence survey was conducted in Wyandotte County, Kansas, to determine the extent of severe mental retardation (defined as an IQ of 50 or below). Incidence rates were 1.39 per 1,000 among children 5 years of age and under; 5.94 per 1,000 among children and youth between the ages of 5 and 19; and 1.13 per 1,000 among the population 20 years of age and older. These figures are higher than rates found in other similar studies. Included in the article is a brief review of literature assessing the incidence of severe mental retardation.

Pedrini, B. C., & Pedrini, D. T. The educational philosophy of the three-legged stool: Psychologically and educationally sound materials--operant conditioning procedures--structured classroom. Omaha: Nebraska University, 1972. 24p. EC 050 055 ED 067 787

The authors present an educational philosophy for severely deviant children and adolescents who are brain-damaged, mentally ill, or behaviorally uncontrolled. This philosophy is based on the use of three components--psychologically and educationally sound materials, operant conditioning procedures, and the structured classroom--each of which is described in terms of its contribution to and application in the treatment and training of these children. Severely retarded children are classified as "brain-damaged".

Perch, P. W. The specialized educateur, the institution and the community. International Child Welfare Review, 1971, 11-15. EC 032 265 ED N. A.

The educateur is viewed as a central figure in the institution concerned with developing reintegration strategies and maximizing use of the institutional environment for socialization of the handicapped. In this task, the educateur must reeducate parent and community to involve them with the institutionalized person. A major part of the problem is fighting established views and developing smaller, open, and community-based institutions such as boarding homes.

Peters, M. L. A comparison of the musical sensitivity of mongoloid and normal children. Journal of Music Therapy, 1970, 7(4), 113-123. EC 031 222 ED N. A.

Two groups of ten mongoloid children and two groups of ten normal children were compared to determine their sensitivity to music. The author found no evidence that mongoloid children have heightened sensitivity to music; reactions of mongoloid subjects were similar to those of normal younger children included in the study.

Physical and occupational therapy services: Standards for residential facilities for mentally retarded. American Journal of Occupational Therapy, 1972, 26(3), 155-157.

EC 041 522
ED N. A.

The Accreditation Council for Facilities for the Mentally Retarded of the Joint Commission on Accreditation of Hospitals has developed a set of standards for residential facilities providing physical and occupational therapy services for the mentally retarded. These standards generally concern the quantity and quality of physical and occupational therapy services, admission screening and ongoing evaluation of residents, adequate staffing, and adequate facilities and resources. (See EC 041 242.)

The physical environment of the mentally handicapped: II--from ward to living unit. British Journal of Mental Subnormality, 1971, 17(32), 54-65.

EC 040 411
ED N. A.

A hospital ward for mentally handicapped persons was redesigned into a series of small, home living units at a reasonable cost and within eight months. The redesigning was based on an interdisciplinary approach, with the basic philosophy that the mentally subnormal person needs to be taught and trained to live a life as normal as possible by maximizing his potential. The eagerness of the patients and their motivation to participate in daily routines of living demonstrated the viability of this project.

Pima, J. B., & McClure, G. Working with emotionally disturbed children in the public school setting. Exceptional Children, 1967, 33(9), 653-655.

EC 001 338
ED N. A.

The adjustment class in Ottawa consists of a maximum of eight neurologically normal, emotionally disturbed children, of normal intelligence, who attend the class from four months to two years. The focus of the class is academic and the goal is to bring each child up to his intellectual potential through individual tutoring. Positive reinforcement and conditioning techniques are used to alter behavior and to establish success patterns. As children progress, they are gradually reintegrated into regular classes. The physical layout of the classroom is described and a diagram is included.

Pinder, S. Criteria for priority admission to state residential facilities for the mentally retarded. Mental Retardation, 1969, 7(5), 17-21.

EC 004 523
ED N. A.

A survey of 150 state institutions serving approximately 200,000 mentally retarded residents was conducted to discover the prevalence and general use of written admission criteria to determine the priority of applicants on waiting lists for admission to such facilities. Survey results and an analysis of rating scales are presented, and the problems created by waiting lists are discussed. Of 44 responding states, only nine utilized written admission criteria to determine the relative urgency or priority of applicants, although the average number of applications on waiting lists per state was 266. The analysis of these scales revealed that need for admission is related primarily to applicant, family, and community situations. Two scales are included as examples. Only one of these considers the severity of retardation and neither specifically requests information concerning other types of impairment.

Piper, T. J., & MacKinnon, A. C. Operant conditioning of a profoundly retarded individual reinforced via a stomach fistula. American Journal of Mental Deficiency, 1969, 73(4), 627-630.

EC 500 058
ED N. A.

The hypothesis that a non-oral source of reward in food consumption functions in man as well as in rats, and that this reinforcer can be used in conditioning regardless of level of mental functioning, was supported in a study with a tube-fed profoundly retarded 15-year-old female. The eight ounces of fluid which comprised the subject's evening meal was used as a reinforcing stimulus. The delivery of this reinforcer directly into the stomach by means of a cannula through a fistula in the abdominal wall was contingent upon an arm-raising response. The study provides additional evidence that simple responses can be conditioned in the profoundly retarded.

A plan called promise. Charleston, W. V.: West Virginia State Commission on Mental Retardation, 1966. 47p.

EC 002 752
ED 023 233

The West Virginia Commission on Mental Retardation has made a number of recommendations for legislative action and major supplementary requests. Basic principles and programs of the state plan are summarized. Separate institutions which employ strong operant conditioning programs are recommended for "custodial care cases". Using the AAMD definitions, the incidence of severe or profound retardation is given as 3%.

Appendices include the law creating the Commission, background data, present services for the mentally retarded, the definitions of mental retardation accepted by the Commissioner, and lists of the commissioners, advisory committee, office staff, and regional citizens' committees on mental retardation.

Policies and procedures: Centers and services for deaf-blind children. Washington, D. C.: Office of Education (DHEW), Bureau of Elementary and Secondary Education, 1969. 43p. EC 006 116 ED 040 559

The establishment of centers and services for deaf-blind children is specified under the provisions of the Elementary and Secondary Education Act Title VI, Part C. This pamphlet includes detailed information on criteria for eligibility, coordination among agencies, comprehensive center services, activities authorized by the Act, differences between developmental and operational projects, proposal requirements, review and approval procedures, regulations, grant terms and conditions, and special provisions of the Act.

Policy statements on the education of mentally retarded children. Arlington, Tex.: National Association for Retarded Children, 1971. 16p. EC 032 868 ED N. A.

Outlined are persisting problems in the education of the mentally retarded and policy statements regarding each problem as adopted by the National Association for Retarded Children (NARC). Problems addressed include the following: denial of right to education; failure of state and local education agencies to assume administrative responsibility for the education of the retarded; educational programs for residential patients; classification and nomenclature; integration versus segregation; borderline children; early childhood programs for the mentally handicapped; curricula; parent involvement; teacher qualifications; and support services. Specifically emphasized are the lack of adequate education programs and curricula for the severely and profoundly retarded. Appended are a discussion of classification and placement in special education classes and guidelines for screening and evaluation.

Pomeroy, D. Rethinking the bedroom image. Special Education, 1970, 59(4), 24-26. EC 031 127 ED N. A.

The author emphasizes the importance of considering the architectural design of bedroom environments in residential special schools. The author cites her study of 20 residential schools housing various types of handicapped children. Each school was visited and interviews were conducted with both staff and children to assess their opinions regarding the bedroom environment. Characteristics analyzed included groupings per bedroom, types of social relationships, group interactions, and the significance of the bed space. Findings indicated that heterogeneous groupings of children in terms of degree of handicap was preferred, although homogeneous grouping in terms of age was emphasized; the best grouping per bedroom of young children was felt to be 3-4 or 5, whereas smaller groups were preferred for older children, especially older girls.

Pomeroy, J. Recreation for severely handicapped persons in a community setting. New Outlook for the Blind, 1972, 66(2), 50-55, 58. EC 040 958 ED N. A.

Described is the program of the Recreation Center for the Handicapped, Inc. in San Francisco, which offers recreation and physical activity within a community setting. Benefits of the program are summarized. Described are the open enrollment policy of the center, basic goals of community recreation, general objectives of the program, and staff qualifications. Also covered are the types of activities conducted in five major program areas (children, teenagers, young adults, older adults, homebound), transportation, and funding.

Power, D. J., & Quigley, S. P. Problems and programs in the education of multiply disabled deaf children. Urbana, Illinois: Illinois University, 1971. 60p. EC 032 691 ED 053 512

The trend away from the medical model is reflected in the discussion of multiple disabilities associated with deafness. Definitions and incidence figures indicate that 30% may represent an approximate upper limit for deaf children with one or more other disabilities; that approximately 11% of all deaf children may be classified as educable mentally retarded; that 25% represents an upper limit for significant hearing impairment in institutionalized mentally retarded individuals; and that as many as 30% of deaf children may have some degree of emotional disturbance. Current provisions for the multiply handicapped deaf are discussed in terms of preschool, school, and post-school programs and recommendations are made with regard to teachers, ancillary personnel, and prevention.

President's Committee on Mental Retardation: The decisive decade. Washington, D. C.: President's Committee on Mental Retardation, 1971. 35p. EC 032 165 ED 049 585

The Committee's fourth annual report focuses upon the following areas of significant progress and critical need in mental retardation research: malnutrition; improvements in residential care; advancements in diagnosis, treatment and prevention. After a discussion of ongoing studies, the committee suggests new areas for initiative in the delivery of state services, legal rights, guardianship of the retarded, and manpower planning and utilization. The formation of a federally funded Council for Accreditation of Mental Retardation Facilities to work with the Joint Commission on the Accreditation of Hospitals, and an International League of Societies for the Mentally Handicapped is discussed.

Price, R., et al. Out of pandemonium--music. Music Educators Journal, 1972, 58(8), 35-36. EC 041 601 ED N. A.

A musical program for emotionally disturbed children with discipline problems has as its three stated objectives increasing musical perception, developing a positive self concept, and modifying unconventional behavior. Musical instruments which require manipulation, physical confinement, and gross and fine motor coordination are selected for use in the classroom.

Prick, J. J. G. Modern approaches to the diagnosis and instruction of multi-handicapped children. Rotterdam, Holland: Rotterdam University Press, 1971. 101p. EC 032 144-032 147 ED N. A.

This four-volume work provides a comprehensive view of recent work with multi-handicapped children. Individual volumes treat infantile autism, deaf-blind, specific reading disabilities, and basic principles of language for deaf children.

Proceedings of the Regional Institute on the Blind Child who functions on a retarded level. New York: American Foundation for the Blind, 1968. 110p. EC 003 646 ED 031 827

Of particular relevance to this study, are papers concerning definition of medical terms used to diagnose blindness and the history of multihandicapped groups at schools for the blind. The three major questions addressed are: (1) what is this child's best mode of sensory-input learning? (2) What sort of educational environment is necessary for maximizing the learning for this child? (3) What sort of educational methods and media facilitate maximum learning for this child?

Professional preparation of teachers of the multiply handicapped with special concern directed toward the child with both auditory and visual impairments. Proceedings of the Special Study Institute. Pittsburgh: Pittsburgh University, Pennsylvania School of Education, 1971. 98p. EC 040 893 ED 057 554

A six-week institute was conducted to provide professional preparation for teachers of children with auditory and visual handicaps. A four-week demonstration program was structured as part of this training institute. Twelve multiply-handicapped children (deaf-blind, mentally retarded and blind, and mentally retarded and deaf) participated in the program which focussed on development of adaptive behavior, motor skills and communication skills. Individual case studies are provided and an appendix contains the manual from which the curriculum was individualized for each child.

A program of education for exceptional children in Oklahoma. Oklahoma City, Oklahoma: Oklahoma State Department of Education, Oklahoma Curriculum Improvement Commission, Division of Special Education, 1968. 114p. EC 003 428 ED 026 783

Described is a demonstration project (1961-1968) to develop and evaluate the effectiveness of residential schools for emotionally disturbed children. Two schools in Tennessee which serve 40 emotionally disturbed children are discussed, including aspects of the formal school program based on individual needs, the camping program, family-school relations, admission criteria, length of stay, costs, and project evaluation.

Programs for the handicapped. Mental retardation hospital improvement program, 1969. Washington, D. C.: Department of Health, Education and Welfare, Secretary's Committee on Mental Retardation, 1969. 18p. EC 005 000 ED 042 273

Laws and state board regulations, teacher qualification and certification, and state and local administrative responsibilities are outlined for the establishment of improved services for students who need special attention. Of interest to this study are the definition and incidence figures offered with regard to emotional disturbance. Of approximately 572,276 school-aged children in Oklahoma, 11,444 are classified as emotionally disturbed. Emotional disturbance is operationally defined as a failure to mature socially and emotionally within the limits imposed by society.

Programs of the Bureau of Education for the Handicapped. Washington, D. C.: Department of Health, Education, and Welfare, Secretary's Committee on Mental Retardation, 1970. 7p. EC 030 619 ED 044 856

The various programs related to education, training, or research on handicapped children and youth administered by the Bureau of Education for the Handicapped during fiscal year 1970 are summarized. In chart form, information is provided on type of assistance (categorized under services, research, or training), its authorization (legislative act), purpose, appropriation, who may apply, and where to get information. Statistics provide estimates for types of handicapped children and special education personnel required.

Project Re-Ed: A demonstration project for the reeducation of emotionally disturbed children. Tennessee State Department of Health, 1967. 37p. EC 001 280 ED 018 897

The Mental Retardation Hospital Improvement Program (HIP), a direct grant program to demonstrate innovative practices and to stimulate improved services to the mentally handicapped in state institutions, has funded 99 projects for fiscal year 1969. The listing of these projects includes the institution and address, project period, title and purpose, and budget. Also discussed are application requirements, project activities, and total HIP funds for the past five years.

Provencal, G., & MacCormak, J. P. Using a token economy to modify incorrigible behavior on a school bus: A case report. SALT, 1971, 4(1), 27-32.

EC 040 573
ED N. A.

The disruptive behavior of a ten-year-old mongoloid girl while riding a school bus was diminished through the use of a token economy. The bus driver was trained to implement a positive reinforcement program including verbal praise when the subject behaved and disbursement of tokens at the end of each trip for the child's performance, including refraining from yelling and screaming, remaining seated, and remaining from fighting. During the three weeks that data were collected, the child earned a mean total of five tokens out of six per day, and the bus driver reported that her behavior became more than satisfactory.

Publications list. Arlington, Tex.: National Association for Retarded Children, 1973. 7p.

EC N. A.
ED N. A.

Nearly 90 publications of the National Association for Retarded Children are listed and described under such rubrics as: general, architectural planning, community organizations, education, poverty, public health and prevention, recreation, religion, research, residential services, social work, vocational rehabilitation, and youth.

Questions and answers about emotionally disturbed children. Detroit, Michigan: Michigan Association for Emotionally Disturbed Children, 1966. 22p.

EC 005 560
ED N. A.

This booklet, prepared to answer some of the most frequently asked questions about emotional disturbance, includes a broad definition and brief statements concerning the most common causes of emotional disturbance. Services for the disturbed child are enumerated including special education classes, clinics, day treatment, vocational training, and residential care. In spite of a great deal of recent interest in this area, there is still a critical lack of beds and long waiting lists for in-patient services.

Rainer, J. D., & Altshuler, K. Z. Expanded mental health care for the deaf: Rehabilitation and prevention. Orangeburg, New York: Rockland State Hospital, 1970. 82p.

EC 041 719
ED 052 305

A special three-year project to demonstrate the feasibility of adding preventive and rehabilitative services to a mental health program for the deaf was instituted at Rockland State Hospital. The expanded program includes rehabilitation services which are said to begin when a patient enters the hospital; social workers and rehabilitation counselors work with the family and community agencies; and halfway house facilities are tested while the patient is still in the hospital. Close liaison is maintained with state vocational rehabilitation counselors to effect a smooth transition to employment. On the preventive level, consulting services at a school for the deaf are supplemented by group therapy for students, counseling for parents, and discussions with teachers and cottage personnel. The results of the three-year study include 15 recommendations for out-patient and in-patient mental health services for the deaf.

Reardon, D. M., & Bell, G. Effects of sedative and stimulative music on activity of severely retarded boys. American Journal of Mental Deficiency, 1970, 75(2), 156-159.

EC 031 170
ED N. A.

An experiment was conducted to test the hypothesis that auditory stimulation would decrease stereotyped activity levels. Subjects were severely retarded institutionalized boys (IQ 9-55, CA 6-17), all of whom were able to walk, were minimally verbal, and engaged most of the time in nonpurposive, continuous, and repetitive behavior, often to the point of self mutilation. Baselines were established and then compared with activity levels during nonmusical and musical treatment conditions. Comparisons were also made of differences in activity level between sedative and stimulative music. Results indicated that lowest activity

levels were achieved during sessions when stimulative music recordings were played. A practical application derived from these results is that playing stimulative music on wards of overactive retarded children may be helpful in moderating activity levels, provided novelty of the musical selection is assured.

Recreation for the mentally retarded: A handbook for ward personnel. Atlanta: Southern Regional Education Board, Attendant Training Project, 1964. 199p.

EC 003 409
ED N. A.

After presenting the importance of recreation and the role of the attendant in providing selected activities, instructions for 64 active games, 24 music and rhythm activities, and 24 quiet and table games including number of players, play area required, equipment and materials, preparation for activity, playing rules, and adaptations are presented. Equipment and materials needed and directions are given for 53 arts and crafts and for constructing inexpensive games and equipment. Appendices include information on service and professional organizations; general publications on mental retardation and recreation, arts and crafts, and music and rhythm; sources of equipment and supplies; and facilities which participated in an attendant training project.

Reece, C. L. Florida's tin can caper. Rehabilitation Record, 1972, 13(4), 37-38.

EC 042 148
ED N. A.

Briefly described is Operation Tin Can, a sheltered workshop project for 120 severely mentally retarded boys and men at the Sunland Training Center. Gallon tin cans are salvaged, painted, and sold to nursery operators who use the cans to pot young plants. Clients work a maximum of 3 hours per day for pay. Excess profits go into a resident welfare fund for those unable to participate in work projects. Other money making projects are mentioned.

Rehabilitation of deaf blind persons: Volumes I-VII. Washington, D. C.: Department of Health, Education, and Welfare, Office of Vocational Rehabilitation, 1958. 982p.

EC 006 330
ED N. A.

This series of reports on deaf blind rehabilitation comprises seven volumes. Information is provided on a manual for professional workers, for communication, on a report of medical studies on deaf blind persons, and on a psychological study of the deaf blind. Discussions also concern studies in the vocational adjustment of deaf blind adults, recreation services, and a survey of selected social characteristics of deaf blind adults in New York State in 1957.

Reisman, J. M. Principles of psychotherapy with children. New York: John Wiley and Sons, 1973. 329p. EC 050 721 ED N. A.

This guide to the practice of psychotherapy with children outlines seven principles and describes the course of therapy from the first meeting through the last. The value of establishing communication and a valid objective of treatment are discussed as are therapist/parent, therapist/child interactions and the purpose and technique of family therapy. Several psychotic disorders and appropriate treatment methods for each are given consideration, including: childhood schizophrenia, autism, and symbiotic psychosis. A final section deals with prevention of emotional disturbance and sees the primary prevention mechanisms to be communication of knowledge, the changing of attitudes and social systems, and the encouragement of psychotherapy.

Research relating to emotionally disturbed children. Washington, D.C.: Department of Health, Education and Welfare, Children's Bureau Clearinghouse for Research in Child Life, 1968. EC 003 260 ED 025 879

Since 1956 the Children's Bureau Clearinghouse has listed 842 research projects in the area of emotional disturbance. Of special interest are the following classifications: incidence and prevalence; identification, diagnosis, and classification; treatment methods and facilities; and psychological and other characteristics. Each entry gives title, dates, issue of Research Relating to Children in which the project was listed; principal investigators with addresses, and publication references.

Residential care for the mentally retarded. Brussels, Belgium: International League of Societies for the Mentally Handicapped, 1969. 91p. EC 031 855 ED N. A.

A symposium of representatives from 13 National Member Societies of the International League of Societies for the Mentally Handicapped was convened to discuss current trends and achievements in the provision of residential care to the mentally retarded. The conclusions of this group are presented here following working definitions of the concepts of mental retardation, residential services and the principle of normalization, and a summary of basic principles. In general the group accepted a developmental approach to care of the retarded and agreed that residential services must be viewed as one point along the continuum of available services. Questions of administration, size, and physical environment are related to residential service delivery, and recommendations are made for individual evaluation and programming. The parents' role is also

presented. Two models, the decentralized institution and the simplified community-like institution, embody most of these principles.

Residential services for the mentally retarded: An action policy proposal. Washington, D.C.: President's Committee on Mental Retardation, 1970. 35p. EC 005 823 ED 039 691

Following an overview of current public residential care for the retarded and its inadequacies, characteristics of a good residential facility are outlined. Discussed are the conditions under which residential care is appropriate, legal rights of the individual, needed services, regional and community resources, and the living environment. Additional topics concern architectural design, research, administration, technological advances, and volunteer work.

Revell, A. W. We do it this way. Bureau Memorandum, 1972, 13(4), 32-35. EC 041 952 ED N. A.

An instructional unit for the mentally retarded in industrial arts (measuring and sawing) uses the task analysis approach with subtasks divided into behavioral objectives. Listed on two charts are steps involved in performing the task, type of performance, evaluation of learning difficulty, general and specific objectives, activities to accomplish each objective, materials, and evaluation techniques.

Rhodes, L., et al. A language stimulation and reading program for severely retarded mongoloid children: A descriptive report. California mental health research monograph No. 11. Sacramento, California State Department of Mental Hygiene, 1969. 113p. EC 023 572 ED 042 305

A longitudinal study comparing the growth and development of ten severely mentally handicapped mongoloid (Down's Syndrome) children reared together in a state hospital, with similar children reared at home showed declining developmental patterns for the institutional children. An environmental stimulation program was therefore designed to overcome this group's relative retardation. Described are the initial language stimulation and articulation training, including modifications as the program progressed. Assessments were made in the mental, psychomotor, and physical areas. Findings thus far show improvement in articulation, greater expressive use of language, more extensive receptive language, significant increase in intellectual ability, and ability to read and enjoy simple books. Asocial behaviors have almost disappeared and destructive, random, or stereotyped acts have decreased.

Richer, J. M., & Miccll, S. The physical environment of the mentally handicapped; IV, a playroom for autistic children, and its companion therapy project. British Journal of Mental Subnormality, 1971, 17(2), 132-143. EC 041 618 ED N. A.

A playroom was designed for the autistic child on the premise that a change in physical environment would become an impetus for changing behavior. The playroom is designed to reduce frustration and arousal and reduce flight behaviors and facilitate approaches and reward social interactions. The playroom with its retreat box, soft seats and pad, activity house, walkway, stimulus wall, blackboard, tables, and continuous benches is fully described and pictured. The playroom is the home for the children in which no formal training occurs. Comparison of behaviors in the old and new playrooms reveals improved patterns in the new playroom.

Rigby, M. E., & Woodcock, C. C. Development of a residential education program for emotionally deprived pseudo-retarded blind children. Vol. 1. Final report. Salem, Oregon: Oregon State School for the Blind, 1969. 133p. EC 021 765 ED 035 144

An adaptation of the Montessori method was used in creating a curriculum for a 12-month residential school for 15 multiply-handicapped blind children. Elements of the program included a systematic representation of real experiences, continual participation in physical activity, sensory stimulation, and encouragement of social interaction. The children, aged five to 13, were evaluated at the beginning and end of the program by a multi-disciplinary team. The results indicated that all children except one made some improvement, with the younger children showing most progress. Improvement was noted in the areas of self care and social skills. Findings also suggested that: a group of five would be the ideal class size; grouping should be according to functional ability; parental visits and vacations are beneficial; records must be kept and consultants available for individual evaluations; and personnel must be well trained and screened. Further study is needed.

Robbins, N. Educational beginnings with deaf-blind children. Watertown, Mass.: Perkins School for the Blind, 1960. 80p. EC 003 611 ED N. A.

The approach used by the Perkins School for the Blind for deaf-blind children is presented along with a diagnostic readiness program which leads eventually to preparation for and placement in an academic program. Techniques used to develop personal-social behavior, motor coordination, adaptive or intellectual behavior and creative growth are presented and discussed along with guiding principles and techniques. The

booklet was written primarily as a guide for teachers of the deaf-blind.

Robbins, N., & Stenquist, G. The deaf-blind rubella child. Perkins Publication No. 25. Watertown, Mass.: Perkins School for the Blind, 1967. EC 005 559 ED N. A.

Data were compiled at the Perkins School for the Blind on the characteristics of 28 children with a prenatal history of maternal rubella. The children were multiply handicapped, primarily partially sighted with a range of hearing impairments. Data were reported on mental development, classroom behavior, proto-symbolic behavior, light gazing and other obsessive traits. To increase communication and foster language development, preschool programs are suggested which include early introduction of amplification, glasses, and parent counseling. Information on 18 other children is appended.

Robinson, H. B., & Robinson, N. M. Mental retardation. In P. H. Mussen (Ed.) Carmichael's manual of child psychology. Vol. II. New York: John Wiley & Sons, 1970. pp. 615-666. EC N. A. ED N. A.

This state-of-the-art paper on mental retardation briefly discusses several definitional problems, the breakdown of mental retardation by level of severity, and the results of several prevalence studies. Theories regarding the etiology of mental retardation are classified and revieved according to several factors, including congenital and genetic problems, psychosocial factors, cultural-familial difficulties, schizophrenia, neurotic and character disorders, and institutionalization. A section is devoted to review and discussion of the many recent studies of the learning behavior of retardates, while the final sections of the paper deal with personality studies and the various remediation and prevention services currently available. A bibliography is appended.

Rodden, H. Teaching techniques for institutionalized blind retarded children. New Outlook for the Blind, 1970, 64(1), 25-28. EC 500 891 ED N. A.

This paper expresses concern for the lack of programs and the inadequacy of existing programs for the large numbers of institutionalized blind retarded children. Teaching techniques suggested in the article include encouragement of self-help skills, counseling, remedial experience activities, and a nursery school to teach mobility and command responses. Brief case studies illustrate acceptance of blindness, teaching productive goals, and training in socially acceptable behaviors.

Rogow, S. The non-verbal child. New Outlook for the Blind, 1969, 63(1), 1-7. EC 500 065 ED N. A.

Presented is the case history of a congenitally blind nine-year-old girl (non-verbal) and her language development over a six-month period. The subject lived in a foster home and attended Simon Fraser Special Education Center, receiving special one-hour therapy and education sessions. Detailed examples are provided of her improvements in speech. Current progress is contrasted with the previous situation: the child resided with her parents who considered her retarded and placed her in special programs for the severely retarded resulting in underestimation and deprivation. Stressed are the importance of not accepting the non-verbal status of a child as irreversible and making proper therapy available.

The role of media in the education of emotionally handicapped children. Proceedings of a special institute. Albany, New York: New York Education Department, Division for Handicapped Children, 1970. 91p. EC 031 242 ED 046 158

Handicapped Children, 1970. 91p.

This document provides an overview of alternative and innovative uses of a variety of media (auditory tape cassette systems, computer programming, video tape, motion pictures, etc.) in teaching emotionally disturbed children who also have other handicapping conditions. In addition to examining current uses of educational technology and hardware, the paper stresses the need to further explore the capabilities of various media and techniques in dealing with the complex problems found in emotionally disturbed classrooms and to disseminate information to potential users.

Roos, P. Development of an intensive habit-training unit at Austin State School. Mental Retardation, 1965, 3(3), 12-15. EC 000 891 ED N. A.

This pilot project was designed primarily to develop self-help skills in 30 severely retarded children (age 6-12) and secondarily to train attendants and to develop new procedures and equipment. Upon admission to the unit, all children functional at Level IV of Adaptive Behavior (AAMD Manual on Terminology). The specific objective of the project was to move them to a Level III unit or a return to their homes. Conditioning procedures focused on development of self-help, social interaction, and communication skills. In addition to the pre-and in-service training of attendants, the project also enhanced the physical environment of the unit and modified the children's clothing, utensils, and facilities in order to simplify the tasks. Procedures used for assessing the children's progress and the criteria for determining overall project success are described.

Roos, P. Current issues in residential care with special reference to the problems of institutional care. Arlington, Texas: National Association for Retarded Children, 1969. 31p.

EC 030 969
ED N. A.

A brief historical review of residential care of the mentally retarded is followed by a discussion of the following critical issues: Do institutions primarily serve society, the economy, the family of the retarded, or the retarded themselves? How appropriate for community adjustment is the programming received by institutionalized retardates? Should the physical environment in institutions be structured to provide maximum safety and efficiency or to approximate a home-like environment? Should residents be grouped heterogeneously or homogeneously? What role should parents play? How can institutions be structured from an administrative standpoint so as to avoid confusion resulting form "unitized" multidisciplinary staffing? What is the most appropriate source of financial support? and finally, Will large institutions survive, and if so, should they, and in what form?

Roos, P., & Oliver, N. Evaluation of operant conditioning with institutionalized retarded children. American Journal of Mental Deficiency, 1969, 74(3), 325-330.

EC 004 980
ED N. A.

The hypothesis that profoundly and severely retarded children would show greater improvement in self-help skills when trained by operant conditioning than with traditional procedures or no training at all was supported. Three groups of 30 institutionalized children were utilized as experimental, comparison, and placebo groups to determine whether the gains achieved by the experimental group were significant. The results of the study showed that significantly greater improvement was achieved in the group trained in self-help skills by operant conditioning than either of the other two groups.

Rosen, B. M., et al. Analytic and special studies reports; utilization of psychiatric facilities by children: Current status, trends, implications. Mental Health Statistics, Series B. No. 1. Bethesda, Maryland: National Institute of Mental Health, Public Health Service, 1968. 89p.

EC 003 676
ED 035 997

Among the data included in the report are statistics on the total number of children served in a variety of psychiatric facilities during 1966. Approximately 473,000 children under 18 received some service. Of these, 400,000 were treated in outpatient clinics; 27,400 in public mental hospitals; 8,400 in private mental hospitals; 28,000 in general hospitals; 2,500 in psychiatric day-night units; and 8,000 in residential treatment centers (not state mental hospitals). Also discussed in this

report are differences in utilization patterns among psychiatric facilities, use of nonpsychiatric resources, patterns of living arrangements and household composition, suicide, impact of federal and state programs on patterns of care, and current and projected mental health program needs.

Rosen, M., et al. Goal-setting and expectancy of success in institutionalized and noninstitutionalized mental subnormals. American Journal of Mental Deficiency, 1966, 71(2), 249-255. EC 000 686 ED N. A.

The construct of expectancy of success in the self-evaluations of 11 institutionalized and 11 noninstitutionalized mental retardates was tested using a nut and bolt assembly task. Subjects were asked to make trial by trial goal setting estimates and to project probability of success over the sequence of ten trials. Results indicate that the institutionalized subjects consistently set significantly higher estimates for performance on the next trial and significantly outproduced the noninstitutionalized subjects. Levels of aspiration exceeded predictions of performance for both groups, but institutionalized subjects were more confident of ultimate success when predicting performance, whereas noninstitutionalized subjects were more optimistic when setting levels of aspiration. The authors hold that the study supports the contention that residential care is more conducive to optimism and self-confidence than is the non-sheltered school and/or community setting.

Ross, J. R., Jr., Braen, B. B., & Chaput, R. Patterns of change in disturbed blind children in residential treatment. New Outlook for the Blind, 1969, 63(4), 106-113, 126. EC 500 230 ED N. A.

Severely disturbed blind children were enrolled in an educational therapeutic program at Upstate Medical Center, Syracuse, New York. The program was designed to match experiences to the developmental levels of the children, to provide more effective methods of adaptation, and thus to facilitate more normal development. Most children were in the program at least two years and some more than four years. Some of the patterns of change described include the improved use of language, reduction of anxiety, increased mobility, learning to be agressive and redirect energies, learning to accept limits, and entering an academic program.

Ross, R. T., & Boroskin, A. Are IQ's below 30 meaningful? Mental Retardation, 1972, 10(4), 24. EC 042 605 ED N. A.

Several studies have been conducted to determine the reliability and meaningfulness of IQ scores of individuals with

IQ's less than 30. In each case, over 130 severely retarded individuals were tested, and the lowest correlation between IQ and behavioral age was .77. These findings indicate that IQ's below 30 can be both reliable and meaningful in behavioral terms.

Rowland, G. T., & Patterson, E. O. The developmental institution: A proposed reconceptualization. *Mental Retardation*, 1972, 10(4), 36-39. EC 042 608 ED N. A.

In reconceptualizing the institutional model for the mentally retarded, the authors propose a developmental model in which the institution provides access to educational opportunities, rather than simply a locus for therapeutic or custodial activities. Every institutional function is oriented to the needs of the individuals. It is noted that the adaptation of this developmental model would require a major value system transformation on the part of institutional personnel.

Rubella. Rockville, Md.: Health Services and Mental Health Administration, 1972. 12p. EC N. A.

The symptoms, consequences, and means of detecting and preventing rubella are presented. Emphasis is placed on the use of the vaccine, and treatment of affected infants is described.

Rubin, H., *et al*. An experimental speech and language program for psychotic children. *Journal of Speech and Hearing Disorders*, 1967, 32(3), 242-248. EC 001 358 ED N. A.

Six psychotic children, aged four to 13, with speech varying from none to excellent, received speech therapy twice a week for periods of four months to two years. Findings indicated that structured, formal sessions resulted in minimal response, whereas sessions containing at least part play produced more response. No statistical tests of these results are presented.

Rusalem, H., *et al*. *New frontiers for research on deaf-blindness: Proceedings of a seminar conducted by the Industrial Home for the Blind with the support of the Vocational Rehabilitation Administration*. Brooklyn, New York: Industrial Home for the Blind, 1966. 60p. EC 000 600 ED 012 999

A number of research proposals, discussions, and position papers cover topics in the areas of communication, learning, rehabilitation, and resettlement. Communication problems of the deaf-blind are discussed with an attempt to discriminate between communication behavior and communication skills. Research programs leading to the analysis of the language structure of the

deaf-blind and the development of an improved language and a new nonlanguage transmission system are needed. In the area of learning, there should be further research concerning the effect of social isolation and the role of language and visual stimuli on learning. Also recommended are a heightened life interest in the deaf-blind and their increased involvement in everyday activities; experiments must also be designed to raise the expectations of society regarding the deaf-blind. A more effective information and retrieval system could facilitate planning for the vocational and social adjustment of the deaf-blind. A 15-item summary of research needs and a bibliography conclude the volume.

Rutter, M. Autism: concepts and consequences. EC 501 282
Special Education, 1970, 59(2), 20-24. ED N. A.

This discussion of autism is based on the conception of the disease as a disorder of cognition and perception which tends to influence social development as a secondary consequence. Autism, which is said to occur in approximately three or four of every 10,000 children, is about three or four times as frequent in boys as in girls, and tends to occur more often in children from a middle class background. Major characteristics of infantile autism are summarized: difficulty in forming relationships, severe retardation in the development of language, and the presence of various ritualistic and compulsive phenomena. Factors significant in prognosis are examined, with particular attention to those consequences of the disease upon which any successful educational approach must be based.

Rutter, M. Autism: educational issues. EC 030 222
Special Education, 1970, 59(3), 6-10. ED N. A.

Discussed are the types of schooling needed for the autistic child and issues of controversy in the educational treatment. It is recommended that schooling commence at age four or five with a one-to-one teacher-child realationship, followed later by small group instruction in a highly structured learning environment. Suggested educational techniques include the use of gesture and demonstration in teaching the child and the use of word games and speech therapy to help the autistic child develop language. The aims of education are stated as (1) preventing the development of secondary handicaps, (2) finding approaches to education which circumvent the primary handicaps, and (3) finding techniques to aid development of functions involved in the primary handicaps. Among the controversial topics reviewed are: parents' role, pressure, teacher-child relationship, punishment, conditioning techniques, segregated classes and schools, day versus residential schooling, and mentally handicapped autistic children.

Rutter, M. (Ed.) Infantile autism: Concepts, characteristics and treatments. Baltimore, Md.: Williams and Wilkins Co., 1971. 328p.

EC 042 657
ED N. A.

Presented here are the proceedings of a study group and discussions of ongoing research on infantile autism. A brief history of clinical recognition of infantile autism is included along with discussions in each of the following areas: classification, treatment of perceptual and social responses in autistic children, approaches to language development, educational treatment, and theoretical and experimental aspects of the use of behavior modification with autistic children.

Rutter, M., & Sussenwein, F. A developmental and behavioral approach to the treatment of preschool autistic children. Journal of Autism and Childhood Schizophrenia, 1971, 1(4), 376-397.

EC 041 554
ED N. A.

Described is a plan for the treatment of young preschool autistic children in which behavioral modification techniques in a developmental context are applied to problems involving failures in social and language development, development of stereotypic behavior, and emergence of disruptive behavior. Other aspects of treatment noted include: parent counseling, social work, practical social services, medical and dental care, and nursery school care. Systematic evaluation is applied in an ongoing investigation.

Rynders, J. E., & Horrobin, M. A mobile unit for delivering educational services to Down's Syndrome (mongoloid) infants: Research report # 30. Minneapolis: Minnesota University, 1972. 28p.

EC 050 517
ED 071 242

A tutoring program for eight Down's syndrome infants, 12 to 18 months old was housed in a mobile unit over a two and a half month period. The program, staffed by two undergraduate women, was designed to demonstrate certain educational, economic, and logistical advantages. The curriculum emphasized planned language stimulation through gamelike activities such as finger plays, music, art, tea parties, sandbox activities, and water play. Findings indicated that seven of the eight children adapted readily to the new learning environment and that the cost of providing itinerant teaching services (three hours per child per week) compared favorably with the usual cost of providing a public school teacher for homebound children.

Salmon, P. J. Out of the shadows. Brooklyn: N. Y.: Industrial Home for the Blind, 1970. 103p. EC 030 023 ED 043 149

Described is a regional demonstration and research project for the deaf-blind conducted by the Industrial Home for the Blind and the Social and Rehabilitation Service (DHEW). In addition to research and dissemination, the purposes of the Anne Sullivan Macy Service for Deaf-Blind Persons are to provide rehabilitation services, mobilize resources to initiate referrals, provide services following rehabilitation, and foster positive attitudes by the public toward the deaf-blind. Also included in the report are descriptions of the client group and measuring procedures used, and recommendations for improving services in the future. Appendices give client data and research results, a list of project-related publications, guidelines for volunteers, and information on the manual alphabet.

Samo, L. L. Annual report: Statistical data for special education services fiscal year 1969. Springfield, Ill.: Illinois State Department of Mental Health, 1969. 43p. EC 030 433 ED 043 997

Special education services in Illinois for 1969 are presented in 17 tables which describe facilities, population served and services received (both resident and out-patient), personnel, expenditure, and salaries of personnel.

Sarason, S. B., et al. The creation of a community setting. Syracuse, New York: Syracuse University Press, 1971. 98p. EC 050 718 ED N. A.

The actions, plans and thoughts of the founders of the Central Connecticut Regional Center (CCRC) for mentally retarded children are presented. Issues and principles involved in creating settings for community programs are discussed, as are institution-community relationships and staffing guidelines. Results of various attempts at approaching the community are described and program effectiveness in terms of community services, buildings and beds, staffing, utilization of community talent, target populations and use of the staff at the Yale Psycho-Educational Clinic is presented.

Saunders, B. T. A procedure for the screening, identification, and diagnosis of emotionally disturbed children in the rural elementary school. Psychology in the Schools, 1972, 9(2), 159-163. EC 041 927 ED N. A.

The SID (screening, identification, and diagnosis) procedure for use with emotionally disturbed children in rural elementary schools is described. It must be implemented by a trained SID

coordinator and administered by the classroom teacher. The instrument used for screening is a modified form of the Lambert and Bower Behavior Rating of Pupils, while identification is based on the Burks Behavior Rating Scales. When necessary, as indicated by the tests, the SID coordinator determines the appropriate kind of referral, provides feedback on the diagnostic evaluation, and prescribes specific educational programming for each child based on results of the evaluation.

Saunders, B. T., & Balano III, J. W. Behavior modification within the therapeutic milieu. Devereux Schools Forum, 1972, 7(1), 50-58. EC 042 570 ED N. A.

Described is a behavior modification program used in a therapeutic milieu with 15 children ages six to 13 with behavioral and/or emotional disturbances. Located in a residential treatment center, the program employed a monetary reward system to reinforce desired behaviors in five target areas: bed making, going to bed, personal hygiene, diningroom behavior, and performance of chores. Findings indicated significant behavior changes in the five areas and an increased ability among staff to stimulate change with relatively little effort.

Schattner, R. An early childhood curriculum for multiply handicapped children. New York: John Day Co., 1971. 143p. EC 032 378 ED 050 535

Addressed to teachers, this guide presents methods, materials, and a curriculum for working with young multiply handicapped children, ages four to nine years. The curriculum, which can be adapted for children with motor and sensory defects, mental retardation, or emotional disturbance, includes an enriched language program to prepare children for academic learning in a school setting. Also discussed are the identification and early years of the multiply handicapped; the ideal physical plant and special education classroom; teacher-parent cooperation; and an educational program which is a compilation of techniques used with multiply handicapped children. Ages and grouping, physical development, play, creative activities, language development, introduction of tool subjects, and arithmetic are covered, with appropriate activities and materials indicated.

Schectman, A. Age patterns in children's psychiatric symptoms. Child Development, 1970 41(3), 683-693. EC 030 278 ED N. A.

A sample of 317 boys and 329 girls who had been outpaitents at a mental health clinic were studied to determine the frequency of appearance of childhood behavior disorders and to determine

any age-related trends. Behavior of four age groups, middle childhood, late childhood, early adolescence, and late adolescence, were analyzed using Achenbach's Externalizer-Internalizer and Severe and Diffuse Psychopathology Factors. A decrease in the number of symptoms occurred as age increased, with females showing a sharper decline than males. Age trends were demonstrated for certain deviant behavior traits, while some, such as disobedience and poor school work remained constant over time.

Scheerenberger, R. C. A current census of state institutions for the mentally retarded. Mental Retardation, 1965, 3(3), 4-6. EC 000 890 EC N. A.

One hundred thirty-eight state institutions serving the mentally retarded responded to an information questionnaire developed by the American Association of Mental Deficiency. Results are presented in terms of the historical development of the institutions, rated capacity, admissions policies, population (including distribution of residents according to level of retardation and chronological age), programs for the retarded, and institutional personnel. Partial findings indicate that 82% of the residents were classified as having IQ's below 50; the profoundly (IQ below 20) retarded accounted for 27%, the severely (IQ 20-35) retarded for 33%, and the moderately (IQ 36-50) retarded for 22% of the population. Approximately 50% of the residents were below the chronological age of adulthood.

Scheerenberger, R. C. Mental retardation. Selected conference papers. Springfield, Illinois: Illinois State Department of Mental Health, Division of Mental Retardation Services, 1969. 220p. EC 004 501 ED 033 491

Four categories are covered in this compilation of selected papers from conferences held throughout Illinois on the needs of retarded individuals: (1) diagnosis and evaluation; (2) training programs for moderately, severely, and profoundly retarded; (3) support services; and (4) program planning. Of particular relevance to this study are the articles on teaching the profoundly retarded through behavior shaping techniques and the discussions on diagnosis and evaluation.

Scholl, G. T. Self-study and evaluation guide for residential schools. (1968 ed.) New York: National Accreditation Council, 1968. 514p. EC 004 623 ED N. A.

Guidelines and checklists for describing conditions or qualities found in an acceptable residential school for blind children have been developed on the basis of evaluative criteria related to general curriculum plan and specific curriculum areas

such as arts and crafts, business education, core program, daily living skills, distributive education, English language arts, foreign languages, health education, home economics, inductrial arts, mathematics, music, orientation and mobility, physical education, sciences, social studies, vocational trade, and industrial education. The evaluator is also asked to code his impressions of the adequacy of student activities, instructional materials services, pupil personnel services, health and safety services, school plant, administrator and school staff, philosophy, and objectives. The instrument is used to obtain basic data about the school, its students, and the community it serves.

Schiefelbusch, R. L. Language of the mentally retarded. Baltimore: University Park Press, 1972. 252p.

EC 042 110
ED M. A.

Thirteen papers are presented under categorical headings which report research on language acquisition and development of the mentally retarded. Papers are included on the application of linguistic and psycholinguistic procedures and intervention strategies; a language acquisition model; syntactic structure and language development in the retarded; behavioral procedures and linguistic issues in language training; and experimental procedures for use in studying children's language.

Schools and classes for deaf children under six. Volta Review, 1967, 69(6), 400-413.

EC 000 525
ED M. A.

A geographic listing of 343 schools, classes, and teaching facilities for aurally handicapped children under six years of age is provided, and notation is made of those which serve children who are also mentally retarded or who have other handicaps. Each entry includes school name, address, type (public or private, day or residential) and entrance age requirements. The list was compiled from 1967 survey data.

Schopler, E., & Reichler, R. J. Psychological referents for the treatment of autism. Indianapolis, Indiana: Indiana University, Indianapolis Medical Center, 1968. 25p.

EC 021 297
ED 028 814

Four clusters of symptoms characterize preschool children manifesting autism: (1) failure to establish human relatedness and meaningful social attachments; (2) impairment of motivation to become competent; (3) disturbances of perceptual integration; and (4) impairment of the development of cognitive functions. One of the most important impairments of autistic children is perceptual inconstancy, or irregularity, in the processing of sensory data by the various receptor systems. It is imperative that physiological and biochemical changes under autistic

conditions of sensory deprivation be detected as early as possible. Recommendations for a program of treatment for the autistic child including parent participation and parent education, with particular emphasis on reducing distortions in the parent-child relationship, are given.

Schultz, E. W., et al. Special education for the emotionally disturbed. Exceptional Children, 1971, 38(4), 313-319. EC 040 753 ED N. A.

To obtain information on the current status of public school services for emotionally disturbed children, a questionnaire was sent to state directors of special education in each of the 50 states and the District of Columbia. Data of interest to the survey included: terminology and definitions, prevalence estimates, educational services available, program standards, eligibility and placement, termination of special services, exclusion procedures, and administrative organization of programs. Data were analyzed in two ways: for the entire country and by dividing the country into geographic regions. The highlights, both regional and national, were reported to provide some current information pertaining to public school programming for disturbed children.

Schultz, E. W., et al. Screening emotionally disturbed children in a rural setting. Exceptional Children, 1972, 39(2), 134-137. EC 050 005 ED N. A.

In order to ascertain the efficacy of screening procedures for emotionally disturbed children in a two-county rural area in east central Illinois, a study using the entire third and fourth grade population as its sample, investigated the question of interpersonal bias and the presence of correlational validity between a set of materials for screening problem children and the ratings of problem behaviors. It was found that teacher and/or student screening was not biased by the absence of interpersonal compatibility and that a significant but low order relationship existed between children identified as potentially disturbed and ratings of problem behaviors. The screening measures used included: "A Process for In-School Screening of Children with Emotional Handicaps" (Lambert and Bower, 1969) and "Behavior Problem Checklist" (Quay and Peterson, 1967).

Scoggins, R. T., Jr., et al. Recorded procedures of instruction, the sub-professional and effective educational therapy. Ladson, S. C.: Coastal Center, 1971. 28p. EC 031 782 ED 048 678

Described is the preparation of tapes by professionals to be used by persons without special training in programs for severely and profoundly retarded children. It is suggested that these

tapes by used in Head Start groups, in classroom activities with aides or volunteers, or at home with parents to supplement or reinforce professional prescriptions for learning. The tapes incorporate an interdisciplinary approach, with emphasis on behavior modificatien in self-help skills, recreation skills, language skills, and work skills necessary to prepare residents for sheltered workshcp participation.

Scott, T. J. The use of music to reduce hyperactivity in children. American Journal of Orthopsychiatry, 1970, 40(4), 677-680. EC 501 305 ED N. A.

The academic prcductivity of four unmanageable hyperactive male students in a residential home for emotionally disturbed children was measured under four conditions: normal class arrangement; normal calss arrangement with music; sitting in a low-stimulus study kcoth; and sitting in a low-stimulus study booth with music. Students in all three experimental treatments showed marked improvedment in student productivity when compared with normal class arrangements. The author suggests that the parent or teacher attempting to reduce hyperactivity might well experiment with conditions other than simple stimulus reduction.

Segal, R. Current trends in the pattern of the delivery of services tc the mentally retarded. Mental Retardation, 1971, 9(6), 44-47. EC 041 093 ED N. A.

A naticnal survey of state agencies serving the mentally retarded was conducted in 1970. Data from 48 respondents provided important insights intc current trends in the delivery of services to this population. Aspects of institutional care included rates of admission and discharge and average length of stay of residents, types and utilization of after-care residential services (boarding homes, half-way houses, foster homes) state budgetary allccations for comprehensive services, and the recruitment cf professional and para-professional workers. Admissions were up in 42% of the agencies surveyed, but this was accompanied by an increase in discharges in 79% of those agencies. Institutions tend to admit severely retarded; many of the discharges were reevaluations which indicated inappropriate classifications. The follcwing problems and present service gaps are recognized: overcrowding of institutions; inadequate physical plants; commitment procedures; inadequate community placement procedures; and insufficient community programs and services.

Seguin, E. Idiocy and its treatment by the physiological method (1866). New York: A. M. Kelley, 1971. 457p. EC 040 643 ED N. A.

This reissue of the classic volume on idiocy and its

treatment by the physiolcgical method introduces the origin oi the methodical treatment of idiots and the history of the physiological method of education. A general discussion of idiocy itself includes definition, cause, circumstances in which it is produced, endemic idiocy, simple idiocy of central or peripheral origin, pathology, appearance in infancy, motor symptoms, senscrial symptoms, deficiencies of speech and intellect, moral sense, comparison of idiots with their congeners, needed prctectien, and anthropological discoveries made and expected from the study of idiocy. Examination of physiological education includes method, prevention of idiocy, treatment in infancy, general precepts, system defined, training of movement, ccrrection of special anomalies, apparatuses of special gymnastics, education of the senses, teaching speech and communication, and object lessons. Review of moral treatment covers history, definitien, analysis, authority and its modes of expression, command, human feelings, socializing idiots, and foundation of the moral treatment. The concluding section on the institution includes discussion of building and internal arrangements, cutdoor resorts, pupil selection, staff selection, and what society expects from the Foundation of the Institution for Idiotic Children.

A selected bibliography on the mentally handicapped. Lansing, Mich.: Michigan State Department of Education, Bureau of Library Services, 1970. 11p.

EC 030 820
ED N. A.

This bibliography on the mentally handicapped includes the following topics: general readings, the role of society and family with the retarded, education and recreation for the mentally handicapped (including aspects pertaining to the educable and trainable retarded, general education, and curriculum guides), religion, medicine and psychology, rehabilitation and sheltered workshops, and research. Government documents, related periodicals, and resource agencies and associations are listed.

Selected convention papers: 46th annual international CEC convention. Arlington, Va.: Council for Exceptional Children, 1968. 359p.

EC 041 909
ED 061 701

Selected convention papers include several articles on the subject of emotionally disturbed children. Behavior management techniques, psychodynamic techniques, non-directive therapy and conditioning of destructive behaviors are discussed. Another paper relevant to this study describes a rural, non-residential facility for cerebral palsied and multi-handicapped homebound children. The program at the Special Children's Center in Ithaca, New York focusses on alteration of language learning behavior and combines individual speech, physical and occupational therapy with group learning experiences.

Selected convention papers: New frontiers in special education. Arlington, Va.: Council for Exceptional Children, 1965. 301p.

EC 041 906
ED 061 698

Included are 63 convention papers on various aspects of educational needs in special education. Of particular relevance is an article on emotional disturbance entitled "Behavior Classification of Emotionally Disturbed Children". The article presents both a philosophy of diagnosis and classification and a methodology for diagnosis and evaluation. Problems to be overcome in research are discussed.

Selected convention papers: Special education --Strategies for educational progress. Arlington, Va.: Council for Exceptional Children, 1966. 267p.

EC 041 907
ED 061 699

The volume is a collection of 70 short conference papers on the special education needs of children with a wide variety of handicapping conditions. Of special interest are two articles on emotional disturbance: "An operational model for movement of emotionally disturbed children from public school through a day treatment facility and return to public school" and "Evaluation of cognitive-perceptual-motor deficits in emotionally disturbed children". A paper on the mentally retarded in institutions includes a discussion of current treatment patterns (custodial) that are expected to result in minimal development. Enrichment of the environment is proposed; however, serious obstacles to the design of effective and economically feasible training environments are cited.

Selected papers from professional program segments of United Cerebral Palsy's annual conference. New York: United Cerebral Palsy Associations, Medical and Scientific Department, 1968.

EC 004 010
ED 031 837

While the main emphasis in this reference is on cerebral palsy, there are a number of relevant papers, such as: planning a residential center for the mentally retarded, inferior conditions of residential facilities for the severely handicapped, and improved care and treatment in state institutions. Inferior conditions are said to result from understaffing, under financing, and overcrowding. Of particular concern is the statement that many facilities are operating at 25% to 50% above their rated capacity.

Services for handicapped children. A guide to general principles and practices for public health personnel. New York: American Public Health Association, 1955. 150p.

EC 002 418
ED N. A.

This document investigates problems common to various

handicapping conditions, articulates a general philosophy of community services and outlines guiding principles and practices upon which to base programs. The introductory chapters present concepts and facts about handicapped children, examine causes of handicapping conditions and possible preventive measures, and consider the problem of finding children who are in need of services. Elements of the comprehensive diagnostic evaluation and the functions of available diagnostic services are reviewed. Various components of care and the organization of treatment services are described. There is a comprehensive listing of the various types of special services, facilities, and centers. The problem of organizing community services is approached with focus on the integrated community-wide program. Possibilities for community education are clarified. The question of personnel is treated with reference to both professional workers and volunteers. Areas of research are suggested and considerations for evaluating programs are presented. The appendices contain detailed information regarding the incidence of handicapping conditions, public agencies administering services, sources of information of professional standards, procedures in the diagnostic clinic, and specific evaluation schedules and check list charts.

Services to the mentally retarded: Vocational rehabilitation involvement. Interagency Relationships Project, 1973. 319p. EC N. A. ED N. A.

Reported are the results of a July, 1972, questionnaire mailed to state vocational rehabilitation agencies in the 50 states and U. S. territories including both general agencies and agencies for the blind. The first section is a listing of all programs for the mentally retarded in the State with which the vocational rehabilitation agency is concerned and to what extent. The second section provides a detailed description of one program in each State which the rehabilitation agencies consider effective and promising. Data is based upon replies from agencies in 37 states and from eight special agencies for the blind. A summary is included of some major highlights and the two-part questionnaire and some material on the Wisconsin Occupational Adjustment Program for the Mentally Retarded are appended.

Shean, G. D. (Ed.) Studies in abnormal behavior. Chicago: Rand McNally, 1971. 482p. EC 040 522 ED N. A.

Three papers in this anthology of 29 studies provide models for the study of abnormal behavior. Two studies on classification of abnormal behavior discuss rationale and utility of the current classificatory system and psychiatric diagnosis. Next, four papers examine behavior patterns of character disorders in abnormal behavior in alcholism, drug addiction,

sexual deviancy, juvenile delinquency, and psychopathy. One paper concerning patterns of psychosomatic disorders attempts to integrate current research evidence into a general theory on the etiology of psychosomatic disorders. Two papers on psychoneurotic disorders present conflicting theories of neurotic patterns of behavior as proclaimed by Intrapsychic and behavior theorists. One paper on the affective disorder of suicide differentiates between suicidal and nonsuicidal students and investigates suicidal related factors. Six papers on functional psychoses cover schizotaxia, schizotypy, schizophrenia, biochemical hypotheses and studies, paranoid pseudo-community, a theory of schizophrenia, family pathology, and process-reactive classification of schizophrenia. One paper on psychopharmacology investigates actions and applications of psychotropic drugs. Next are seven papers on behavior modification and psychotherapy. The two concluding papers focus on group applications of the principles of behavior modification in the mental hospital.

Shearer, M. S., & Shearer, D. E. The Portage Project: A model for early childhood education. Exceptional Children, 1972, 39(3), 210-217.

EC 050 235
ED M. A.

This article describes a rural home-based intervention program serving 75 multiply handicapped children, aged 0 to 6 years. In this program, a home teacher visits the parent and child in their home once a week for 1.5 hours to prescribe and demonstrate individualized curriculum. The parents teach the prescribed curriculum during the week and record daily the child's resultant behavior. Results indicate that handicapped children can progress above their expected developmental rate and that parents can initiate, observe, and accurately record behavioral changes.

Shellhaas, M. D., & Nihira, K. Factor analysis of reasons retardates are referred to an institution. American Journal of Mental Deficiency, 1969, 74(2), 171-179.

EC 004 566
ED M. A.

Maney, Pace, and Morrison's (1964) principal component analysis of the needs for institutionalization was replicated in a midwestern institution for the mentally retarded. Perhaps because of the heterogeneity of the population in the present analysis, the original factor structure was not duplicated. A rotated factor matrix resulted in ten factors reflecting specific reasons retardates were institutionalized. These factors suggested three major foci for programs designed to rehabilitate the retarded: programs for persons whose intellectual retardation alone was sufficient to bring about institutionalization; psychiatrically disturbed retardates; and socially maladjusted retardates. The present study also yielded an additional focal area which would be directed at changing the basic social environment of the retarded.

Shields, J. E. Methods for teaching deaf children with visual difficulties. Teacher of the Deaf, 1972, 70(415), 370-373. EC 050 026 ED N. A.

Described briefly are some of the teaching methods used with aurally handicapped children who are also partially blind at the Pathways Deaf-Blind Unit in Shropshire, England. Methods included Tadoma, finger spelling, and Braille. Also described are the use of class trips, music, plays, and art activities to teach certain skills.

Sigurdson, W. E., & Evangelakis, M. G. A five-year report on the services of the Child Study Unit of the Kansas Neurological Institute. Mental Retardation, 1968, 6(1), 22-27. EC 002 351 ED N. A.

The Child Study Unit of the Kansas Neurological Institute provides outpatient evaluation services for children and adolescents suspected of being mentally retarded. During its first five years of operation it was able to report that for three-fifths of the children evaluated, hospitalization in state mental hospitals or institutions for the retarded was recommended. The remaining two-fifths were referred to home and community facilities for treatment.

Silverstein, A. B. A dimensional analysis of institutional differences. Training School Bulletin, 1967, 64(3), 102-104. EC 002 059 ED N. A.

To analyze institutional differences on a nation-wide scale, data on 13 variables for 130 public institutions listed in the Directory of Residential Facilities for the Mentally Retarded (Milligan and Nisonger, 1965) were factor analyzed. The four factors which emerged were adequacy of cottage and medical personnel; adequacy of teachers, psychologists, and social workers; institutional age, size and overcrowding; and resident competence. Results imply (1) that an institution may have relatively adequate cottage and medical personnel, but inadequate staffing of teachers, psychologists, and social workers, or vice versa; and (2) that two institutions or groups of institutions may differ widely in adequacy of staffing and yet be similar in other respects, or vice versa.

Silverstein, A. B. Reliability and constancy of a new measure of intelligence for institutionalized retardates. American Journal of Mental Deficiency, 1971, 76(2), 257-258. EC 041 077 ED N. A.

Data from two samples of institutionalized retardates is used to demonstrate the reliability and constancy of Fisher and Zeaman's K. In contrast to the ratio IQ and the deviation IQ

(DIQ), K proved to be relatively constant over test-retest intervals of six to seven years.

Smith, B. F. The role of the private school for the blind in the education of blind and multi-handicapped blind children. Lantern, 1972, 41(3), 14-18. EC 042 040 ED N. A.

While the public school special class for visually handicapped and multiply handicapped children offers the advantage of living at home and enjoying family life, it may not be able to meet the special needs of the handicapped child as well as the private facility. A private school can help the visually handicapped child develop a positive self image and provide special instructional facilities that multiply handicapped children need.

Smolev, S. R. Use of operant techniques for the modification of self-injurious behavior. American Journal of Mental Deficiency. 1971, 76(3), 295-305. EC 040 969 ED N. A.

After reviewing the research that has been done on the modification of self-injurious behavior through the use of operant techniques, individual case studies in which specific behavior modification techniques were used are cited. These include extinction, time out, reinforcement of incompatible behavior, and shock. It is concluded that a number of these procedures used with subjects in a variety of situations have been successful in reducing or eliminating the occurence of self-injurious behavior. The article lists some ethical and technical issues and questions for further discussion.

Sontag, E., et al. Considerations for serving the severely handicapped in the public schools. Education and Training of the Mentally Retarded, 1973, 20-26. EC N. A. ED N. A.

Recent legislation has made it illegal for public school systems to exclude or deny education to severely handicapped children without providing acceptable alternatives. This has created many problems and administrative concerns regarding the education of these children. It is suggested that severity be defined in terms of the presentation of negative behaviors such as aggression, self-stimulation, self-mutilation, etc., and the absence of desired behaviors such as self-care skills, ambulation, and responsiveness to social stimuli. The question is raised as to whether training facilities for severely handicapped children should be contained within a given school system or dispersed throughout the social service resources of the community. How best to utilize personnel, what additional

kinds of professional skills are necessitated, and procedures for transporting children who are unable either to walk or ride buses without special assistance are additional issues. In providing adequate services to severely handicapped children it is necessary to consider both structural and functional variables. In the first category are such features as location of funds, personnel, and equipment, etc., whereas the latter category includes teacher training programs, specialized professionals, and improved instructional technology.

Soule, D. Teacher bias effects with severely retarded children. American Journal of Mental Deficiency, 1972, 77(2), 208-211. EC 050 497 ED N. A.

The effect of experimentally induced teacher bias (expectancy) was explored with 24 institutionalized severely retarded children (12 experimental and 12 control) whose functioning was above average for their cottage placement. Cottage parents of the experimental group were told that these children could be expected to show greater improvement than the control group. However, scores on the criterion measures (PPVT, Slosson Intelligence Test, and Behavior Maturity Checklist) showed no significant differences between the two groups. The author concludes that "no effects of teacher bias were found."

Standards for residential facilities for the mentally retarded. Chicago: Joint Commission on Accreditation of Hospitals, 1971. 148p. EC 040 602 ED 056 457

Standards for residential facilities for the mentally retarded were developed by the Joint Commission on Accreditation of Hospitals. The accreditation process is said to have two major objects: setting standards for services and determining the degree to which a specific service complies with the designated standards. The preface notes briefly the historical background of the Accreditation Council. Examination of administrative policies and practices includes philosophy, location, organization, general policies and practices, admission and release, and personnel policies. Delineation of the standards for resident living covers staff resident relationships and activities, food services, clothing, health, hygiene, grooming, grouping ad organization of living units, resident living staff, and design and equippage, of living units. Standards for professional and special programs and services consists of the following areas: dentistry, education, food and nutrition, library, medicine, nursing, pharmacy, physical and occupational therapy, psychology, recreation, religion, social work, speech pathology and audiology, vocational rehabilitation, and volunteer services. Standards are established also for records, research, safety and administrative support services.

Star, S. A., & Kuby, A. H. Number and kinds of children's residential institutions in the United States. Washington, D. C.: Children's Bureau, Welfare Adminsitration, 1967.

EC 001 785
ED 018 043

This list of children's residential institutions is a byproduct of the Project on Physical Facilities for Group Care of Children. Data on the types and auspices of public and private (both voluntary and proprietary) institutions, including maternity homes for unmarried girls, and facilities for children who are either dependent and neglected, delinquent and predelinquent, emotionally disturbed, or handicapped (physically or mentally) are provided in ten tables. Information as of September, 1965, is given for the United States as a whole and for the individual states. The master list of children's residential institutions prepared by the Center for Urban Studies is included in the appendix.

Stark, J., et al. Increasing verbal behavior in an autistic child. Journal of Speech and Hearing Disorders, 1968, 33(1), 42-48.

EC 002 283
ED N. A.

A five-year old boy who was virtually unresponsive to all types of environmental stimuli was able to make considerable progress when exposed to a five-month therapy program in which training progressed from nonvocal imitation to vocal imitation, labelling, verbal discrimination, and response to spoken words and simple commands.

Starr, S., & Warsack, R. Public institutions for the mentally retarded. Washington, D. C.: Department of Health, Education, and Welfare, Rehabilitation Services Adminstration, 1968. 31p.

EC 040 254
ED N. A.

State and national trend data for public institutions for the mentally retarded include graphs and tables accompanied by brief analysis for each of the eight indices. Trend analysis is shown by data for 1955 or 1956, and the 1960-1966 period. The number of public institutions, number of resident patients per 100,000 population, number of full time staff per 100 patients under care; maintenance expenditures per patients under care; and actual and estimated number of patients under care per 100,000 population are given.

Statistical data for special education services, fiscal year 1970, annual report. Springfield, Ill.: Illincis State Department of Mental Health, 1970. 25p.

EC 031 259
ED 046 175

Data are provided on mentally retarded and emotionally

disturbed children (ages five to 20 years) who received special education and supportive services from the Department of Mental Health's residential facilities and outpatient clinics. Data describe the facilities, the resident population, resident characteristics, outpatient population, personnel and funding. (The state's 25 residential facilities served more than 2,000 children, while the outpatient facilities provided services to more than 600.)

Stedman, D. J., & Olley, J. G. Bibliography of the world's clinical and research literature on Down's Syndrome: Behavioral, social and educational studies through 1968. IMRID papers and reports, Vol. VI, No. 2. Nashville, Tenn.: George Peabody College for Teachers, Institute on Mental Retardation and Intellectual Development, 1969. 57p. EC 030 241 ED N. A.

Approximately 450 references cover the literature on Down's syndrome (mongolism) from 1950 through 1968, including clinical and research studies in all languages. Behavioral, social, and educational dimensions of mongolism are included.

Stein, L. K., & Green, M. E. Problems in managing the young deaf-blind child. Exceptional Children, 1972, 38(6), 481-484. EC 040 911 ED N. A.

Some general concepts regarding the early management of deaf-blind children and the help that can be offered their parents are set forth in this article. The discussion of problems focusses on three main areas: medical management (most deaf-blind children between the ages of one and seven years are rubella victims and may have other physical problems or may be mentally retarded); early psychoeducational management (necessary to assist the child in developing integrative learning); and consideration of long-term management (whether the child requires special education day care programs, residential care, or custodial care depends on the progress he makes during the first seven years). The author advocates the coordination of medical treatment and psychoeducational management in an early intervention program in order to identify and train the nonambulatory deaf-blind child who is delayed in self-care skills and whose learning potential has not been determined.

Stephen, E. (Ed.) Residential care for the mentally retarded. Elmsford, N. Y.: Pergamon Press, 1970. 45p. EC 032 149 ED N. A.

Three papers dealing with residential care for the mentally retarded in England describe current studies related to analysis of the determinants of patterns of care, and to factors which influence its quality. The first paper, concerned mainly with

the need for residential care for the severely subnormal, presents findings from a survey in the south of England on the size and nature of the problem of residential care for such persons. It describes major functions of residential care, how needs can be met, and the necessity of evaluating different forms of care. Data are also presented on the quality of care in residential institutions. The second paper treats the care of the custodial mentally retarded (IQ less than 20), including a description of their behavior. In the third paper, the author offers some personal observations on the present state of residential care as he finds it in practice as a consultant psyciatrist in both a hospital and local health authority.

Stewart, L. G. (Ed.) Deafness and mental retardation. Albany, N. Y.: New York University, School of Education, 1972. 58p.

EC 050 056
ED 067 288

Nine selected proceedings from a study institute on the education of deaf mentally retarded children deal with such issued as identification, size and scope of the problem, a variety of instructional approaches, etc. Identification of deaf mentally retarded children is centered around the behavioral characteristics of the population. This part of the discussion is also concerned with what standardized tests can be used, and with constructive action following identification. Prevalence figures cited indicate that 20% to 35% of the 500,000 persons in this country classified as deaf or deafened may be multiply handicapped. Two articles deal specifically with the size and scope of the problem with deaf mentally retarded persons in New Yor State and review programs for mentally retarded deaf children in New York State schools for the deaf. Intelligence tests for use with deaf subjects are listed.

Stewart, L. G. Problems of severely handicapped deaf: Implications for educational programs. American Annals of the Deaf, 1971, 116(3), 362-368.

EC 032 418
ED 067 788

In a study of multiply handicapped deaf adults at the Hot Springs project, it was found that special staff training, relatively flexible standards for student conduct, and in-depth services such as personal adjustment training, counseling, and work adjustment training, were essential. The results also provided evidence for increased emphasis on preschool education for the young deaf children, parent education and counseling, strengthening dormitory programs in elementary and secondary schools, stronger counseling and guidance programs, and greater involvement of teachers in total education programs.

Stevens, M. The educational needs of severely subnormal children. Baltimore: Williams and Wilkins Company, 1971. 118p.

EC 040 267
ED N. A.

This book suggests practical methods and activities which can be used by teachers of the severely mentally retarded. Educational needs of the children are examined in terms of activities which they might experience: to be known as a person, to have freedom of movement and activities in a structured environment, to receive praise, to have an immediate response to interests and language, to have opportunities for play and a varied and stimulating program of activities, and to have planned systematic individual teaching by the same teacher over a long period of time. Teaching methods described assume a teacher understanding of the developmental approach to education, knowledge of normal child development, and application of this knowledge to the severely retarded. Also described are the teacher's role in satisfying further needs, personal and emotional qualities needed by the teacher, planning a dynamic program, and planning weekly programs for systematic individual teaching. Several examples of daily schedules are included.

A study of handicapped children and youth: Report No. 1. Lansing, Michigan: Michigan State Department of Education, 1971. 47p.

EC 031 974
ED 048 702

Data based on a statewide survey of services for the handicapped lead to the following conclusions: a statewide survey of handicapped children should be conducted every three years; legal provisions governing the delivery of special education programs and services should be modified to ensure that all children will be served; and regional planning, coordination, and evaluation of programs should be required. Statistical tables, implications, and recommendations, as well as guidelines for conducting the study are included.

Suhareva, G. E. The problem of the classification of mental retardation. American Journal of Psychiatry, 1972, 128(1), 29-33.

EC 042 264
ED N. A.

The author proposes a system for classifying mental retardation on the basis of etiologic and pathogenic criteria and describes two earlier classification schemes. The system advocated, however, was designed to serve both clinical practice and scientific research purposes and distinguishes between intellectual defects resulting from anomalous development of the brain and intellectual disturbances caused by damage to brain structures already formed. Causes of mental retardation are classified into three groups: pathological condition of the reproductive cells of the parents, harmful factors that act during the intrauterine period, and damage to the central nervous system in the perinatal period or in the first three years of

life. An appendix lists the types of mental retardation which fall in each of these categories.

Sulzbacher, S. I., & Costello, J. M. A behavioral strategy for language training of a child with autistic behaviors. Journal of Speech and Hearing Disorders, 1970, 35(3), 256-276. EC 006 399 ED N. A.

A case study presents the use of operant conditioning of language production in a six-year-old child with grossly deviant autistic behavior. Treatment was presented in 20-minute sessions five times a week, after the child had experienced mild food deprivation. Acceptable behavior was then reinforced with verbal praise and candy. The article discusses the procedures used for teaching the child expressive language, extending treatment to the home, treatment of school behaviors, and subsequent speech and language training. After three and one-half years of treatment, the child achieved at the fourth grade level and demonstrated essentially normal language performance.

Swartz, J. D., et al. Time capsules for research in profound retardation. Mental Retardation, 1971, 9(1), 29-30. EC 032 253 ED N. A.

Current technological capabilities plus unforseen developments along technical lines are said to suggest that medical records may be seriously inadequate where the custodial mentally handicapped are the focal concern. The article suggests a modification utilizing video and audio material which are felt to have immediate training potential and even greater potential use for researchers of the future.

Swassing, R. H. A comparison list of instruments used in evaluating project effectiveness of Title VI-A (ESEA) and PL 89-313 activities. Final report. Lawrence, Kan.: Kansas University, 1969. 9p. EC 004 199 ED 032 665

A list of evaluation instruments was compiled from the fiscal 1968 end-of-year reports of Elementary and Secondary Education Act Title VI-A activities from 50 states and six territories and from a random sample of end-of-year reports of Public Law (PL) 98-313 activities. It was suggested that unpublished instruments which have been shown to have merit be collected, and that a comprehensive list of tests and devices for future evaluations of the handicapped should be developed. An appendix includes lists of tests and instruments used in the reports reviewed.

Symposium on guardianship of the mentally EC 031 864

retarded: Conclusions. Brussels, Belgium: International League of Societies for the Mentally Handicapped, 1970. 39p. ED N. A.

Conclusions drawn from the Symposium on Guardianship of the Mentally Retarded (San Sebastian, Spain, May 29-31, 1969) held by the International League of Societies for the Mentally Handicapped encompass terminology, prevention of social dependency, impact of guardianship on civil and personal rights, and research and evaluation. Specific recommendations include who should be considered in need of guardianship, how the need should be evaluated; what the functions and duties of guardians and counselors should be; who should serve as guardians and how they can be recruited; what procedures should be followed in adjudication of the need, appointing, recalling, and discharging guardians; and what provisions should be made for supervising guardians and for overview of the system of guardianship.

Symposium on residential care for the mentally retarded. Brussels, Belgium: International League of Societies for the Mentally Handicapped, 1970. 91p. EC 031 855
ED N. A.

The working papers from the Symposium on Residential Care for the Mentally Retarded (Frankfurt, Germany, September 15-18, 1969) include discussions of the administration and management of institutions; the architect's contribution to the environmental needs of the retarded; the involvement and participation of parents and volunteers; the relationship between institutions and day care centers for the mentally retarded; the structuring of the institutional environment of the resident to meet the basic functions the environment must fulfill; current issues in residential care with special reference to the problems of institutional care; and the quality of life for institutionalized persons.

Szurek, S. A., et al. (Eds.) Inpatient care for the psychotic child. Vol. 5. Langley Porter Child Psychiatry Series. Palo Alto, Calif.: Science and Behavior Books, 1971. 289p. EC 032 354
ED N. A.

A comprehensive inpatient treatment program for psychotic children is operated at the Langley Porter Neuropsychiatric Institute of San Francisco. Based on the position that severe emotional disturbance in children is the result of early parent-child interactions, therefore the treatment program emphasizes parental involvement. The intake and evaluative procedures, staff interaction, and the key role of the psychiatric nurse are discussed in detail. The inputs of an interdisciplinary team of specialists, and finally staff-family interactions, consitute the basis of the therapeutic milieu.

Talkington, L. W. An exploratory program for blind-retarded. The Visually Handicapped, 1972, 4(2), 33-35. EC 041 829 ED N. A.

A 12-week program, involving 12 blind retarded adolescents residing in a public institution for the retarded, sought to develop and implement a program focusing on stimulus behavior and motivation. The experimental program involved areas of sensory stimulation, communication, socialization, and mobility. Post-tests indicated improvement.

Talkington, L. W., & Watters, L. Programming for special class misfits. Mental Retardation, 1970, 8(2), 27-29. EC 501 225 ED N. A.

An engineered classroom environment was provided for mentally retarded children who demonstrated disruptive behavior such that they were excluded from special education classes. The program in this engineered classroom, which followed the Hewitt model, used operant conditioning techniques to extinguish the disruptive behavior.

Tarczan, C. An educator's guide to psychological tests: Descriptions and classroom implications. Springfield, Illinois: Charles C. Thomas, 1972. 133p. EC 050 283 ED N. A.

The special education teacher who works with mentally handicapped, learning disabled, or emotionally disturbed children is the target of this text. It includes a discussion of psychodiagnosis, intelligence quotient concepts of mental age, a glossary of psychometric terminology and testing terms, and a directory to the standardized tests used in a psychological work up. Guidance is also provided in identifying and diagnosing exceptional children.

Tarjan, G., & Eisenberg, L. Some thoughts on the classification of mental retardation in the United States of America. American Journal of Psychiatry, 1972, 128(11), 14-18. EC 042 260 ED N. A.

There are two commonly used U. S. classification systems: the Manual on Terminology and Classification in Mental Retardation, second edition, of the American Association on Mental Deficiency; and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, second edition (DSM-II). While classifications based upon medical etiology or severity are mentioned only briefly, a great deal of attention is given to two controversial issues concerning etiology of sociocultural retardation and the relationship between diagnosis of early childhood psychoses and mental

retardation. It is recommended that an international resolution be adopted to assure conformity of classification. DSM-II suggests that priority be given to the mental retardation classification since it is most compatible with biostatistical information from various geographical settings. For related articles see EC 042 258-259 and EC 042 261-265.

Tarjan, G., et al. Classification and mental retardation: Issues arising in the fifth WHC seminar on psychiatric diagnosis, classification and statistics. American Journal of Psychiatry, 1972, 128(11), 34-45. EC 042 265 ED N. A.

The 1969 World Health Seminary recommendations for revision of the International Classification of Diseases are discussed. The authors present a recommendation for use of an integrated multiaxial scheme for classifying childhood psychiatric disorders and mental retardation and for reducing errors in coding. The essential axes are said to be: intellectual level, clinical psychiatric syndrome, associated biological or organic factors, and psychosocial factors. Also included in the article are an examination of the values and limitations of intelligence tests and a discussion of the need to consider social competence in assessing intellectual level. Finally, the authors discuss two systems of classifying biological factors and present their recommendation for codification of medical conditions.

Tate, B. G. Case study: Control of chronic self-injurious behavior by conditioning procedures. Behavior Therapy, 1972, 3(1), 72-83. EC 041 267 ED N. A.

Reviewed are the conditioning procedures which were used in an unusually severe case of chronic self-injury--a retarded girl who had been restrained in bed for seven and one-half years. During the first week of behavior therapy, the behavior was brought under control. In succeeding weeks, efforts were directed toward maintaining control and preparing the patient to live in the institution free of restraints.

Terry, G. F., & Schaffner, F. G. Visually handicapped children who function on a retarded level: The Frances Blend School, Los Angeles. New Outlook for the Blind, 1972, 66(5), 135-138. EC 041 827 ED N. A.

Briefly described is the educational program for visually handicapped retarded children aged three to eight years at the Frances Blend School in California. Major objectives of the program are to help the child find and accept himself, to care for himself, and to handle problems independently. Characteristics of the program include individualized curriculum, extensive motor development activities, large classrooms,

development of interpersonal competence, and a home management program.

Thomas, J. E. Mobility education for multiply handicapped blind children in day schools: What it encompasses. New Outlook for the Blind, 1972, 66(9), 307-314. EC 050 428 ED N. A.

Six of 14 blind, multiply handicapped adolescents who participated in the Detroit Public School Braille classes learned to function independently in a variety of travel situations. Areas of instruction described include: coordination and postural exercises, sensory awareness, indoor orientation and travel skill building, outdoor mobility concept development and cane technique development, outdoor mobility in school and home neighborhoods, and outdoor mobility in small business areas and on public transportation.

Thompson, T., & Grabowski, J. (Eds.) Behavior modification of the mentally retarded. New York: Oxford University Press, 1972. 279p. EC 041 408 ED N. A.

An educational therapeutic environment based on behavior modification principles was introduced into an institution which had previously been primarily custodial. After a historical review of misconceptions regarding the retarded and their treatment, various aspects of the two-year institution-wide program and its implementation are discussed. The remainder of the text contains information on ward programs for children, an intensive teaching unit for severely and profoundly retarded women, use of behavior modification techniques in special education classrooms, occupational therapy, and parent guidance programs.

Throne, J. M. A radical behaviorist approach to diagnosis in mental retardation. Mental Retardation. 1970, 8(3), 2-5. EC 501 283 ED N. A.

The radical behaviorist approach to mental retardation as contrasted with the traditional procedure subsumes the operations of diagnosis under those of treatment. Four principles which determine treatment as a function of diagnosis support this radical approach: criterial arbitrariness, functional primacy, consequential determinism, and behavior infinitude. Each is described in detail by the author.

Title III ESEA--Evaluation of special education. Final report. Washington D. C.: District of Columbia Public Schools, 1971. 164p.

EC 040 060
ED 055 374

Four special education programs in the District of Columbia Public Schools: (1) a daily program for 12 aphasic children; (2) a complete instructional program for 18 multiply-handicapped, hearing-impaired rubella children ages four to nine years; (3) a behavior modification program called DILE (Designed Individualized Learning Environment) for 35 seriously emotionally disturbed children; (4) and a program focusing on the training of adaptive behaviors in 38 severely mentally retarded children were evaluated. The techniques included an observation scale, diagnostic tests, performance measures, anecdotal and cumulative records, and reports from professionals and parents associated with the project. A summary and a consultant's detailed systematic evaluation are given for each project. All projects were rated successful in meeting objectives to a certain degree with the exception of the DILE project: a stated weakness in the program was the lack of adequate teacher preparation and supervision in applying behavior modification techniques. The program for multiply handicapped children was cited as particularly successful. Recommendations and statistical data are included. (See EC 031 256)

Tizard B. Observations of over-active imbecile children in controlled and uncontrolled environments, I. Classroom Studies. American Journal of Mental Deficiency, 1968, 72(4), 540-547.

EC 002 306
ED N. A.

Twenty severely subnormal institutionalized children, ranging in age from eight to ten, with IQ's around 20, were divided into two groups on the basis of activity patterns. The first group of nine children was rated as very overactive by their teachers and nurses. The second or control group of 11 children were rated as not overactive. It was observed that the overactive children moved about significantly more than the control children but were not rebuked more often nor did they receive more attention from their teachers. The overactive children were not more agressive than the control children, but they made significantly fewer interpersonal contacts. The classic hyperkinetic syndrome was not observed; rather, the overactive children showed a wide range of personality.

Tizard, J. A note on the international statistical classification of mental retardation. American Journal of Psychiatry, 1972, 128(11), 25-29.

EC 042 263
ED N. A.

It is suggested that the scheme developed in the International Classification of Diseases (ICD) for the classification of mental retardation be revised to provide a

multiaxial system as well as the integration of categories used in child psychiatry, developmental neurology, and mental retardation. Other changes would include: deletion of the 315 "unspecified mental retardation" category, expansion of the medical axis, consistent classification for patients with both severe emotional disorders and symptoms of mental retardation, development of a useful indicator of sociocultural retardation, and the inclusion of additional physical handicap categories in the mental retardation scheme. For related articles see EC 042 258-262 and EC 042 264-265.

Tompkins, J. R., & Allen, A. (Eds.) A condensation of a series of addresses relating to treatment, rehabilitation, and education for children. Washington, D. C.: Bureau of Education for the Handicapped, (DHEW) Office of Education, 1968. 18p. EC 001 548 ED 025 049

Described are society's priorities and the history of federal provision for the care of emotionally disturbed children as well as the role and responsibilities of the Research, Service, and Training divisions of the Federal Bureau of Education for the Handicapped. It is estimated that over 2% of the present school population are seriously emotionally disturbed. The authors note that the medical disease model is being discarded in favor of two separate definitions of emotional disturbance. One used by clinicians would be "an emotionally disturbed child is one diagnosed by an appropriate mental health specialist," and the other by educators: "the emotionally disturbed child is one who violates classroom norm where no other means of explaining this violation is available." However, neither of these definitions is adequate.

Trudeau, E. (Ed.) Digest of state and federal laws: Education of handicapped children. Arlington, Va.: Council for Exceptional Children, 1972. 292p. EC 050 279 ED 071 209

All state laws governing the education of handicapped children are presented in Part I of this book. A digest of the laws is organized along 11 subject categories. These include: right to education, population, identification and placement, adminsitrative responsibility, planning, and services. Part II presents all federal legislation, organized by statutes.

Tustin, F. Autism and childhood psychosis. New York: Jason Aronson Book Publishers, 1972. 200p. EC 050 449 ED N. A.

Aspects of childhood psychosis are described from a psychcanalytic point of view. The author stresses the need to build an inner construct of reality in the autistic child, a

category which includes (1) abnormal primary autism, (2) encapsulated secondary autism, or (3) regressive secondary autism. Causes and characteristics of the three types of pathological autism are detailed and clinical material is given to demonstrate autistic processes. Differential features of early infantile autism and childhood schizophrenia are discussed and a description of schizophrenia is provided. The classification system is said to be useful as a basis for treatment. Suggestions for psychotherapy of the psychotic child are included.

Twardosz, S., & Sajwaj, T. Multiple effects of a procedure to increase sitting in a hyperactive, retarded boy. Journal of Applied Behavioral Analysis, 1972, 5(1), 73-78.

EC 041 807
ED N. A.

A retarded preschool boy was trained to sit still using a prompting and reinforcement procedure. Not only was sitting increased, but the boy increased in his ability to use toys and to remain close to other children. The training procedure had the added benefit of decreasing posturing while leaving normal walking unaffected. These results suggest that preschool programs can be designed to address several behaviors simultaneously and thus maximize the teacher's effectiveness.

U.S.O.E. Fellowship students' practicum handbook for the cooperative psychoeducational training program for teachers of the emotionally disturbed. Detroit, Michigan: Wayne State University, 1970, 115p. EC 032 159 ED 049 579

This orientation and resource manual for graduate students participating in a psychoeducational training program contains an orientation to the program and the practicum situation, as well as some background information. According to statistics cited in the latter section, approximately 5% of the children in the United States who need psychiatric help receive it; over 121,000 teachers of the emotionally disturbed are needed; and adolescent wards are expected to increase in population by 70%.

Vails, L. W., et al. ESEA Title III special education projects: fiscal year 1970, Final evaluation report. Washington, D. C.: District of Columbia Public Schools, 1970. 236p. EC 031 256 ED 046 172

A project summary and the detailed consultant's evaluation is provided for each of five experimental programs which offered individualized instruction for 116 aphasic, rubella, severely mentally retarded, seriously emotionally handicapped, and multiply handicapped children in the District of Columbia, 1968-1969. Programs concentrated upon the development of linguistic and conceptual ability for aphasics, behavior modification for the emotionally handicapped, the training of adaptive behavior for the retarded, and comprehensive education for the multiply handicapped deaf and rubella children. (See Title III ESEA--evaluation special education. Final report, for the 1971 report of this project.)

Van Osdol, B. Vocabulary in special education. Moscow, Idaho: University of Idaho Research Foundation, 1971. 51p. EC 042 167 ED N. A.

This glossary of terms basic to the field of special education was prepared for students and professionals in training programs and as a guide for special educators. Based on a criterion of usefulness, the terms included relate to current activities, interests, needs, and concerns in exceptional child education. The appendices contain lists of organizations and publications concerned with special education as well as commonly used tests and testing terms.

Vernon, M. Multiply handicapped deaf children: the causes, manifestations, and significances of the problem. E.E.M.T. Digest, 1969, 31, 40-58. EC 031 399 ED N. A.

Behavior of deaf children, previously attributed to the

condition of being deaf, may be an interaction of deafness with other central nervous system pathology associated with the original etiology of deafness. Four conditions which are leading causes of deafness and which also result in other disabilities include maternal rubella, complications of Rh factor, meningitis, and premature birth. The major types of physical and psychologic anomalies in the deaf children of the four etiologic groups are presented with some statistical data concerning the nature and magnitude of the problem of the multiply handicapped deaf child.

Vernon, M., & Kilcullen, E. Diagnosis, retardation, and deafness. Rehabilitation Record, 1972, 13(2) 24-27. EC 041 357 ED N. A.

The focus of the article is on the magnitude and frequency of the misdiagnosis of retardation in deaf children. In a study by the New York Psychiatric Institute it was found that one fourth of the deaf in-patients had been incorrectly diagnosed as retarded. Non-retarded deaf have also traditionally been placed in public school classes for the mentally retarded. The problem of misdiagnosis is seen to be especially serious because hearing loss is more prevalent in mentally ill and mentally retarded populations. Three major causes of misdiagnosis are: use of inappropriate IQ or other tests (verbal instead of performance tests); presence of other handicaps in the deaf which mimic retardation or confuse diagnosis; and the failure to identify as deaf those patients with residual hearing, which allows them to react to noises but which is non-functional for communication. Some statistical data are reported on hospitalized deaf retardates as seen by hospital staff.

Vogel, W., et al. Changes in adaptive behavior in institutionalized retardates in response to environmental enrichment or deprivation. Consulting and Clinical Psychology Journal. 1968, 32(1), 76-82. EC 002 294 EC N. A.

The effect of environmental enrichment upon adaptive behavior and the relationship between cognitive functioning and adaptive behavior were investigated with 94 institutionalized retardates divided into two matched groups: 48 experimental and 46 controls. After four years, a comparison of test-retest scores on inventories of personal skills and of social-emotional behavior indicated significantly greater gains in personal skills by the experimental subjects but no difference in the acquisition of social skills. In each group, mental age related to acquisition of personal skills, but not to social and emotional behavior.

Wagner, E. Register of children with impaired vision and hearing--statistical reports, 1966-67. New York: American Foundation for the Blind, EC 030 624 ED 044 861

1970. 3p.

The number of children in deaf blind programs, other educational programs, at home, and in institutions for the mentally handicapped for the academic year 1968-1969 is provided in this register of children (under 20 years) with impaired vision and hearing. Additional information on the 777 handicapped children registered by the American Foundation for the Blind includes tables indicating educational placement by state for 1968-1969, and distribution of the children by year of birth for the academic years of 1965 through 1969.

Walker, J. B. The use of music as an aid in developing functional speech in the institutionalized mentally retarded. Journal of Music Therapy, 1972, 9(1), 1-12. EC 041 644 ED N. A.

Music therapy was found to be more effective in increasing the frequency of verbalizing ten words and generally improving intelligibility of speech in six institutionalized, severely retarded male adults than other types of audiovisual stimuli. However, a variety of audiovisual stimuli in addition to music facilitated learning.

Wallin, J. E. Training of the severely retarded, viewed in historical perspective. Journal of General Psychology, 1966, 74(1), 107-127. EC 000 232 ED N. A.

A historical review of the development of institutions for the mentally retarded in Europe and the United States focuses on trends in diagnosis, classification, and treatment since 1900, as well as on the development of public school special classes and the legal and parental action leading to their establishment. Classification categories such as "trainable" and "educable" based on IQ test scores are indefensible since there are all degrees of trainability and educability with no sharp line of demarcation.

Ward, A. J. An application of structural therapy to the residential treatment of early infantile autism. Schizophrenia, 1970, 2(2-3), 92-100. EC 030 287 ED N. A.

An adaptation of DesLauriers "structural therapy" is applied to the treatment of early infantile autism. After a discussion of the underlying theory, the author presents a collection of active, instructive techniques for use by professionals. All phases of treatment deal with a gradual increase in the level of physical, verbal, olfactory, kinesthetic, and affective stimulation given to a child. Results obtained using this

approach with 21 autistic and schizophrenic children ages six to 12 years are presented.

Wasserman, N. M. Music therapy for the emotionally disturbed in a private hospital. Journal of Music Therapy, 1972, 9(2), 99-104. EC 041 919 ED N. A.

A two-and-a-half year music therapy program for 23 emotionally disturbed patients in a private hospital is reported. The program goals include encouragement of ego strengths within the patient and resocialization of the patient within the unit, family, and the outside community. Described are the program activities including speech and body exercises, an informal singing group, and instrumental jam sessions. Two brief reports on individual patients are included to demonstrate the program's success.

Waterhouse, E. J. The deaf-blind child: Educational training or custodial care. Watertown, Mass.: Perkins School for the Blind, 1972. 5p. EC N. A. ED N. A.

This paper, which was read at the Fifth International Seminar on Special Education in Melbourne, Australia, discusses a number of issues which surround the decision about whether a child should be given custodial care or educational training. The recommendation is made that the decision should be made only after several years of diagnostic teaching on a preschool level, since otherwise it is not always possible to predict accurately how a child will progress in school. The paper also discusses some of the long-range options open to those deaf-blind individuals who do receive educational training.

Webb, R. C. Sensory-motor training of the profoundly retarded. American Journal of Mental Deficiency, 1969, 74(2), 283-295. EC 004 585 ED N. A.

"Awareness" training techniques to develop motor reactions to sensory stimulation were used over a period of five to ten months with profoundly retarded encephalopathic institutionalized children. Clinical measures were more sensitive to the subsequent changes than were statistical comparisons. The greatest demonstrated improvement was associated with movement therapy. The sensory-motor behavior of most of the children, but especially the younger group, did improve within the ten-month period. New sensory-motor responses seemed to be facilitated in these younger children by a relative absence of physical deformities and serious disruptive behavior patterns.

Weiberg, S. (Ed.) The children's re-education EC 041 168

center: An overview. Nashville: Tennessee State Department of Mental Health, 1971. 52p. ED 058 692

As one of three documents in a series, this pamphlet presents an overview of the children's re-education center program in Tennessee for emotionally disturbed elementary school children with behavior problems. The children who reside at the residential facility for an average duration of six months, range in age from five to 13 years. The program aims to reintegrate the child into the community and school, and approaches the child's problems from educational, behavioral, and ecological perspectives. Discussed are the referral procedures, the setting and organization of the program, staff descriptions and qualifications, and the curriculum adapted to specific needs. No evaluation data is presented.

Weinstein, L. Project re-ed schools for emotionally disturbed children: Effectiveness as viewed by referring agencies, parents, and teachers. Exceptional Children, 1969, 35(9), 703-711. EC 003 857 ED N. A.

The home and school adjustment of children who entered two re-ed schools for emotionally disturbed children, before and after re-ed intervention is described. The schools offered a short term residential program for school-age preadolescent children who were too disturbed or disturbing to be maintained at home or in a regular school, but who did not require hospitalization. Effectiveness was measured according to three indices: the Symptom Checklist of problem behaviors, the Social Maturity Scale adapted from the Vineland, and the Semantic Differential of the child as described and desired by the parent. According to their parents, after re-ed interventions the children displayed fewer symptoms, were more socially competent, more relaxed, more dominant, and less aggressive than they had been. Teachers noted less disruption in class, harder work, increased ability to face new or difficult situations, and better peer relationships. Improvement in academic adequacy was significant for children from one of the two schools: they showed a substantial increase in rate of acquisition of academic skills after re-ed, but they were not up to age or grade norms.

Weintraub, F. J. Recent influences of law on the identification and placement of children in programs for the mentally retarded. Speech given at the convention on Placement of Children in Special Education Programs for the Mentally Retarded (Lake Arrowhead, California, March 7-10, 1971). 24p. EC 031 919 ED 048 685

Recent legislative influences on the identification and placement of children in programs for the mentally retarded are discussed from a historical point of view and major legal decisions of the past decade are described including state

definitions of disability and eligibility, validity of placement, discriminatory placement of minority group members, parent rights, and ability grouping or tracking. All state education codes contain a definition or an enumeration of the types of handicapped children entitled to special education services, although statutes vary from broad definitions to "definition by disability". IQ is the primary criterion for classification and placement of the mentally retarded. Additional data may include physical exams, social work case studies, and counselor/teacher reports.

Weisbrod, J. A. Shaping a body image through movement therapy. Music Educators Journal, 1972, 58(8), 66-69. EC 041 609 ED N. A.

The use of physical movement activities to develop a positive body image is discussed in relationship to several handicapping conditions, including severe retardation and emotional disturbance. Specific problems associated with each handicapping condition are mentioned, and a program of movement therapy to overcome these problems is briefly described.

Weissman, H. N. Implications for the education of children with emotional and social disturbances. Journal of Learning Disabilities, 1970, 3(10), 502-508. EC 030 321 EC N. A.

Factors involved in the education of children with emotional and social disturbances are discussed, with particular emphasis on the roles of the school, the program, and especially the teacher. A teacher child ratio of 1:6 through 1:10 and highly individualized instruction are suggested. There should be flexible physical environments to accomodate "silent corners" and places for children to be separated from each other. Criteria for identifying the emotionally disturbed child are included and implications of differential diagnosis for instruction are discussed.

White, J. C., & Taylor, D. J. Noxious conditioning as a treatment for rumination. Mental Retardation, 1967, 5(1), 30-33. EC 000 928 ED N. A.

A severely retarded 23-year-old female, and a profoundly retarded 14-year-old male were administered electrical shock treatment in order to eliminate vomiting following meals. A brief review of the use of behavior modification techniques with retardates precedes capsule case histories of the two subjects. Since the purpose of the program was to eliminate rumination, shock was administered only when the subjects made pre-ruminating gestures. It was found that on occasion other variables acted as sufficient distractors to stop vomiting and that while shock

seemed to be effective in reducing individual cases of vomiting, significant change in a life-long pattern of rumination depended on factors such as ward routine and quality of interpersonal interactions. Another finding was that the experimental procedures themselves offered a means for fostering interpersonal relationships since both subjects showed greater awareness of and appeared to interact more with the experimenters than with regular ward staff.

Whitman, T. L., et al. Effects of reinforcement and guidance procedures on instruction-following behavior of severely retarded children. Journal of Applied Behavior Analysis, 1971, 4(4), 283-290. EC 041 197 ED N. A.

Two severely retarded children were taught motor responses to verbal instructions using positive reinforcement, physical guidance, and fading procedures. Subjects responses to one set of instructions provided the focus for the training procedures, while responses to a second set of instructions were used to assess the generalized effects of training. Results indicated that the subjects showed pronounced increases in instruction-following behaviors (both trained and untrained) during training periods with decreases in such behavior occuring during the baseline two period.

Wiehn, V. An early childhood education program for deaf-blind children. New Outlook for the Blind, 1970, 64(10), 313-316. EC 030 880 ED N. A.

Described are special services provided by the Michigan School for the Blind to preschool deaf-blind children and their families. Six-week summer institutes attended by parents and children, weekly home visits to local families, and a one-week summer residential program for entire families are discussed with activities provided. Overall evaluation results of these projects are reported as very favorable.

Wilderson, F. B., Jr. An exploratory study of reading skill deficiencies and psychiatric symptoms in emotionally disturbed children. Reading Research Quarterly, 1967, 11(3), 47-73. EC 001 903 ED N. A.

The relationship between specific reading disabilities and emotional disorders was studied in 50 children (ages 9 to 14) who had been referred to a children's psychiatric hospital. All were two years retarded in oral and silent reading scores as compared to their mental ages. Factor analysis indicated four psychiatric factors and seven reading deficiency factors. Correlations at, beyond, or approaching significance were found between schizoid withdrawal and memory, character disorder and intellectual maturity, character disorder and hyperactive type, borderline

psychosis and visual efficiency, and somatic complaints and visual efficiency.

Willner, M., et al. Project Treat: A new approach to the severely disturbed child. Child Welfare, 1972, 51(7) 460-464. EC 042 202 ED N. A.

Project Treat is designed to provide interim services for emotionally disturbed children ranging in age from latency to adolescence for whom residential treatment is not available. Using an interdisciplinary approach, the project is mainly educational in nature, but also provides for placement in group homes or foster homes when normal home life is not possible. The three organizations participating are a child welfare agency, an urban board of education, and a mental health facility that provides short-term inpatient treatment.

Wilson, P. T., & Spitzer, R. L. A comparison of three current classification systems for mental retardation. American Journal of Mental Deficiency, 1969, 74(3), 428-435. EC 500 685 ED N. A.

Three systems for classifying mental retardation including those by the American Association on Mental Deficiency (AAMD), the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) and the eighth revision of the International Classification of Diseases (ICDA) are compared in the discussion and accompanying tables presented in this article. The three systems are shown to be superficially very similar, with only two minor differences between the DSM-II and ICDA schemes. All three systems use the same scale and terminology to record intelligence, but AAMD encourages the separate recording of patients' scores for each of several facets (including adaptive behavior, measured intelligence and various supplementary factors), while DSM-II and ICDA recommend that all of these factors be combined into one composite score. Another significant difference is found in the styles of recording multiple diagnoses.

Windle, C. D. Prognosis of mental subnormals: A critical review of research. Bethesda, Md.: National Institute of Mental Health, 1962. 180p. EC 006 424 ED N. A.

Based on a review of research results, data and ideas on prognosis of mental handicaps and the current state of suggestions are made for new areas of research. The systematic summary and evaluation of the literature presents a complete, critical review of previous findings on the prognostic value of various factors for institutionalized mentally handicapped persons. The importance of prognosis, the characteristics of the

institutionalized population, and methodology problems encountered in prognostic studies are covered in a critical review of literature. The literature review also covers areas of demographic characteristics, patient abilities and disabilities, institutional experiences, and family and community factors. A summary integrates the findings. Appendices include details of prognostic studies of the mentally handicapped.

Wing, J. K. (Ed.) Early childhood autism: Clinical, educational and social aspects. New York: Pergamon Press, 1966. 333p.

EC 002 887
ED N. A.

The first section of this treatise on early childhood autism is concerned with clinical aspects of autism, including behavioral and cognitive characteristics, medical treatment, and prognosis. It also contains a discussion of diagnosis, epidemiology, and etiology of the disease in which the differences between autism (Kanner's syndrome) and early infantile autism, childhood psychosis, and schizophrenia are pointed out. Autism, which is said to occur in varying levels of severity, is seen as a set of behavioral abnormalities and disorders of speech which result from the child's inability to make meaningful patterns out of sensory stimuli. The frequency with which autistic children have had difficult, premature, and/or Caesarean births is pointed out and the possibility that the etiology of the disease is related to a disorder of the central nervous system is advanced. The second section of the book discusses educational and psychological aspects of the disease, including various teaching techniques and problems and psychological research and assessment. The third section deals with social and administrative aspects of autism, a discussion of management principles for home care, and a description of services available to autistic children in one British county. An appendix contains illustrative case studies and photographs of autistic children.

Wolf, E. G., & Guttenberg, B. A. Communication therapy for the autistic child. Journal of Speech and Hearing Disorders, 1967, 32(4), 331-335.

EC 001 628
ED N. A.

A daycare center program aimed at developing language and communication in two-and-a-half to five-year-old autistic children was based on the theory that these children respond to intensive communication stimulation. The child care workers were asked to initiate frequent vocalizations and reinforce the children's efforts. Individual communication therapy sessions were begun once the child achieved some relationship with the child-care worker. Regularly scheduled sessions were conducted in a special room with a task-oriented atmosphere, where the production of sounds, the mechanics of imitation, and word acquisition were encouraged. Results indicated that most of the autistic children progressed through babbling and jargon to the

beginning use of words.

Wolf, E. G., et al. A comparison of personality variables in autistic and mentally retarded children. Journal of Autism and Childhood Schizophrenia, 1972, 2(1), 92-1-108. EC 041 754 ED N. A.

Compared and discussed are the personality charcteristics of 35 severely mentally retarded children and 32 autistic children evaluated on the basis of the Behavior Rating Instrument for Autistic Children. Ratings on five scales indicated that the severely retarded children scored significantly higher than the autistic group in each area (relationship with an adult, communication, vocalization and expressive speech, drive for mastery, and psychosexual development). It is suggested that severely retarded children, particularly those with Down's Syndrome, are less disturbed and better integrated than autistic children and that fragmentation, compartmentalization, and lack of generalization between areas of function are factors specific in the autistic process.

Wolf, J. M. The blind child with concomitant disabilities. American Foundation for the Blind, Research Series Number 16. New York: American Foundation for the Blind, 1967. 120p. EC 002 631 ED 023 223

Data were collected from chief administrators at 48 residential schools for the blind enrolling 6,696 children and from 53 teachers in 28 of the schools who conducted special classes for their 453 mentally retarded blind children. Data analysis revealed that 25% of the population were mentally retarded. The average number of disabilities was 3.16 per child, the most frequent concomitant diabilities being personality and speech defects. The mentally retarded blind were accepted in 85% of the schools; 67% had special classes for them; and 75% of special classes were for blind and partially seeing mentally retarded children. Of the residential schools, 38% had prepared special curriculum materials for the retarded blind child. Average pupil-teacher aide ratio was three to one. Almost half the adminstrators expected that providing services for the multiply disabled blind child will become the major role of the residential school. However, there was lack of agreement regarding facility needs, educational theories, instructional processes, and educational classification for multiply handicapped blind students. See EC 030 126 for a slightly different version of this report available from the American Foundation for the Blind.

Wolf, J. M., & Anderson, R. M. (Eds.) The multiply handicapped child. Springfield, Illinois: Charles C. Thomas, 1969. 468p. EC 020 976 ED 033 516

This text consists of a series of articles on the medical and educational challenge of the multiply handicapped child. Multiple disabilities addressed include deafness, retardation, cerebral palsy, blindness, and learning disabilities. Articles include discussions of incidence, evaluation methods, development of a taxonomy for special education, and a suggested classification for the handicapped.

Wolfensberger, W. Twenty predictions about the future of residential services in mental retardation. Mental Retardation, 1969, 7(6), 51-54. EC 500 824 ED N. A.

Most important of the 20 predictions concerning changes in residential services for the mentally handicapped is (1) a new concept of small, community-based, specialized residential facilities and (2) a departure from custodial/medical treatment. It is anticipated that many functions of the traditional institutions will be assumed by other agencies such as work-training centers. Twelve new specialized residential facilties are described. Generally, residents in most facilities will be integrated to some extent into community life. The most common specialized facilities are expected to be: child development; pre-vocational education; and sheltered living.

Wolfensberger, W. The principle of normalization in human services. Toronto: National Institute on Mental Retardation, 1972. 258p. EC 050 451 ED N. A.

The principle of normalization is defined and explained together with its major implications for the provision of services to the mentally handicapped. Basically, this approach has as its goal the establishment and/or maintenance of behaviors and characteristics which are as culturally normative as possible. The introductory discussion is followed by the application of the principle to specific problem and service areas, including increased activation of the profoundly retarded, and the operation of smaller, less institution-like residential facilities for the mentally retarded. The third and final section contains a discussion of strategies and mechanisms for implementing the principle of normalization.

Woodford, D. E. The communication needs of a class of children with mixed multiple handicaps. Teacher of the Deaf, 1972, 70(415), 389-393. EC 050 029 ED N. A.

Basic prerequisites for developing and conducting a communication program for multiply-handicapped deaf students are discipline, security, and trust. A structured environment is said to be helpful in the teacher process. Teachers are urged to find commonalities in the students' learning difficulties and

communication needs rather than similarity of handicaps. Individual differences are considered in the selection of methods for developing basic language and communication, while the existence of many methods of communication within a class of multiply handicapped is acknowledged. Suggestions are made concerning the teaching of communications: use of basic written structure; use of three simple tenses; and practice in formulating and understanding questions.

Younie, W. J., & Goldberg, I. (Eds.) Special education in the residential setting. Proceedings of the special study institute. New York: Columbia University, 1970. 174p.

EC 030 017
ED 043 143

The proceedings of a three-week conference for administrators of educational programs for the institutionalized mentally handicapped includes a report on "The Current Status of Education in Residential Schools in the United States". An estimated 5% of the mentally retarded require full or part-time residential care, but the residences which house approximately three-fourths of the retardates are over fifty years old. Historically, the goals for residential institutions are: (1) to make the deviant undeviant; (2) to shelter the deviant from society; (3) to protect society from the deviant. In contrast, current objectives include educational programs to help the mentally retarded learn as much as they are capable of learning and to realize the full potential of every individual.

Ziegler, S. Residential treatment of emotionally disturbed children in Norway. Child welfare, 1972, 51(5), 290-296.

EC 041 798
ED N. A.

Residential treatment in Norway is contrasted with that of the United States, both in terms of theoretical orientation and practical application. The focus of Norwegian residential treatment since the 1960's has been on milieu therapy, whereas the American emphasis is on individual psychotherapy. Future directions in Norwegian residential treatment are discussed briefly.

Zneimer, L. The private residential program as another alternative to state institutions. Exceptional Children, 1973, 39(4), 329-333.

EC 050 642
ED N. A.

In support of a New York State law which provides financial assistance to residents seeking private facilities for their handicapped children, a case is made for private residential facilities as viable alternatives to state institutions and special education classes in public schools. Private facilities can provide for the needs of the handicapped, even the mildly handicapped, more readily than special education classes,

especially when there are problems in the home. Many parents are appreciative of private placement, are frustrated by limitations of public school program, and do not perceive labeling or placement in private facilities as negative or damaging. The National Association for Retarded Children and certain professionals also advocate private residential facilties as an alternative service mode. Furthermore, the cost for instructional programs in public shcools is said to equal or exceed the allocation of $2,000 per child for private placement.

Adams, M. E. Foster care for mentally retarded children: How does child welfare meet this challenge? Child Welfare, 1970, 49(5), 260-269. EC 005 876 ED N. A.

Allen, R. C. Legal rights of the institutionalized retardate: Equal justice for the unequal. Mental Retardation, 7(6), 2-5. EC 500 816 ED N. A.

Allen, R. M., & Allen, S. P. MPS professional handbook series. No. 3. Intellectual evaluation of the mentally retarded child--a handbook. Beverly Hills, Calif.: Western Psychological Services, 1967. 69p. EC 002 320 ED 019 798

Attwell, A. A., & Clabby, D. A. The retarded child: Answers to questions parents ask. Los Angeles: Western Psychological Services, 1971. 134p. EC 040 588 ED N. A.

Axelrod, S. Token reinforcement programs in special classes. Exceptional Children, 1971, 37(5), 371-379. EC 031 354 ED N. A.

Azrin, N. H. Behavioral engineering: Two apparatuses for toilet training retarded children. Journal of Applied Behavior Analysis, 1971, 4(3) 249-253. EC 040 633 ED N. A.

Azrin, N. H., & Foxx, R. M. A rapid method of toilet training the institutionalized retarded. Journal of Applied Behavior Analysis, 1971, 4(2), 89-99. EC 033 125 ED N. A.

Baker, B., & Ward, M. Reinforcement therapy for behavior problems in severely retarded children. American Journal of Orthopsychiatry, 1971, 41(1), 124-135. EC 031 709 ED N. A.

Ball, T. S. (Ed.) The establishment and administration of operant conditioning programs in a state hospital for the retarded. Sacramento, Calif.: California State Department of Mental Hygiene, Bureau of Research, 1969. 146p. EC 032 160

Ball, T. S. (Ed.) A guide for the instruction and training of the profoundly retarded and severely multi-handicapped child. Santa Cruz, Calif.: Santa Cruz County Board of Education, 1971. 153p. EC 041 012 ED 058 687

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Balthazar, E. E., & English, G. E. A factorial study of unstructured ward behaviors. American Journal of Mental Deficiency, 1969, 74(3), 353-360. EC 004 983 ED N. A.

Balthazar, E. E., et al. Behavioral Changes in eating skills in severely and profoundly mentally retarded groups. Madison, Wisc.: Central Wisconsin Colony and Training School, 1970. 25p. EC 031 859 ED N. A.

Barrett, B. H. Behavioral differences among an institution's backward residents. Mental Retardation, 1971, 9(1), 4-9. EC 032 248 ED N. A.

Barsch, R. H. The parent of the handicapped child: the study of child-rearing practices, American Lecture Series. Milwaukee, Wisc.: Easter Seal Development Center, 1968. 445p. EC 011 660 ED N. A.

Bates, K. K., & Armenti, S. Use of multisensory reinforcement in toilet training retardates. Costa Mesa, Calif.: Fairview State Hospital, 1970. 3p. EC 030 020 ED 043 146

Baumeister, A. A., & Butterfield, E. (Eds.) Residential facilities for the mentally retarded. Chicago: Aldine Publishing Co., 1970. 405p. EC 031 238 ED 046 154

Baumeister, A., & Klosowski, R. An attempt to group toilet train severely retarded patients. Mental Retardation, 1965, 3(6), 24-26. EC 000 879 ED N. A.

Begab, M. J., & LaVeck, G. D. Mental Retardation: Development of an international classification scheme. American Journal of EC 042 258 ED N. A.

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Behrmann, E. H., & Moll, M. A. D. (Eds.) Directory of Catholic special facilities and programs in the United States for handicapped children and adults. Washington, D. C.: National Catholic Educational Association, 1965. 206p. EC 003 641 ED 028 566

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Berkowitz, S., et al. Teaching self-feeding skills to profound retardates using reinforcement and fading procedures. Behavior Therapy, 1971, 2(1), 62-67. EC 031 684 ED N. A.

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Buck, P. S., & Zarfoss, G. The gifts they bring: Our debt to the mentally retarded. New York: John Day Co., 1965. 156p. EC 003 600 ED N. A.

Buckman, R. O. (Ed.) Blueprint for the seventies: The 1971 mental retardation blueprint for action for Cuyahoga County, Ohio. Cleveland: Welfare Foundation of Cleveland, Ohio, 1971. 93p. EC 040 220 ED 055 398

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